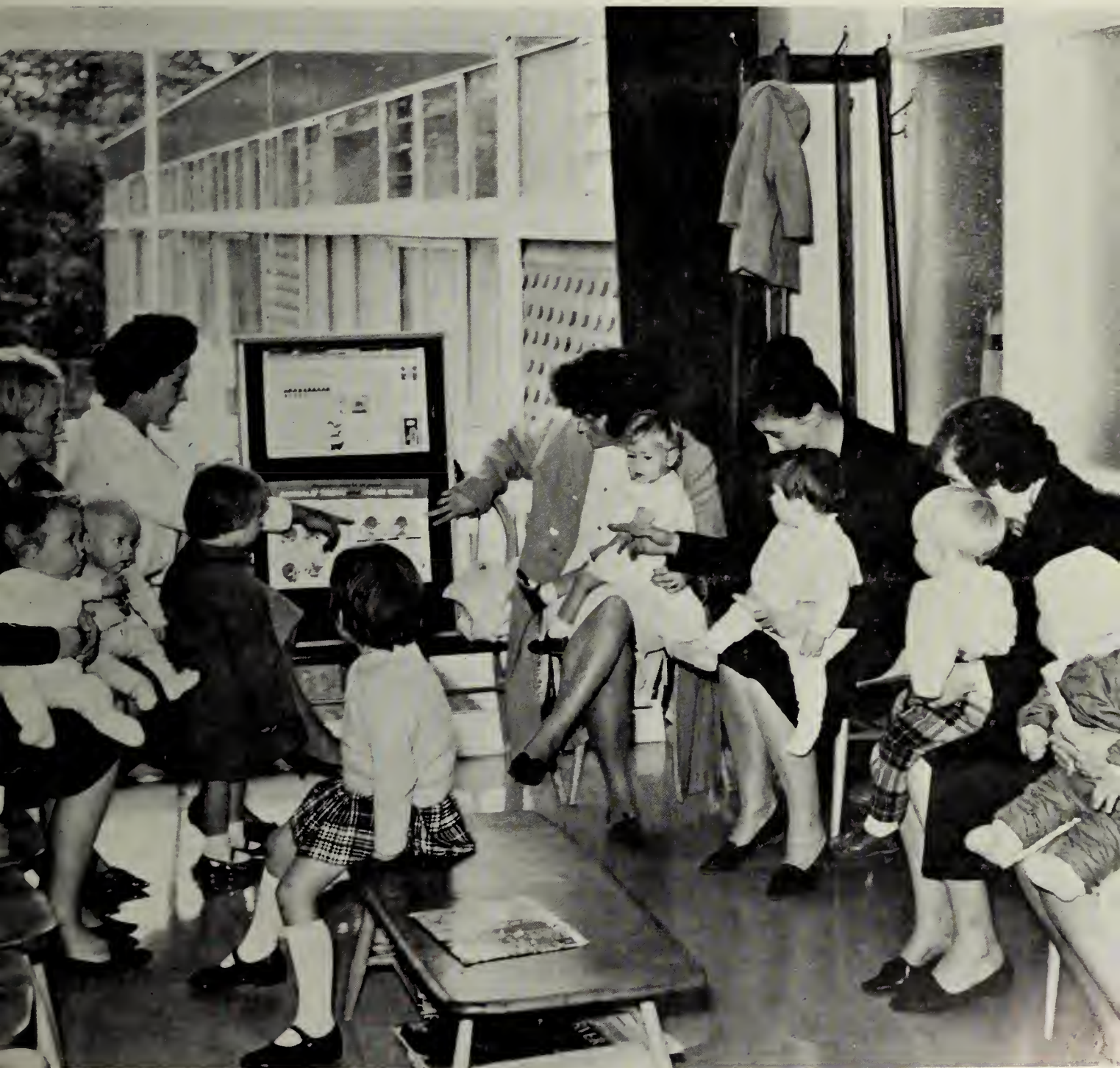


HAMPSHIRE COUNTY COUNCIL

HEALTH AND SCHOOL HEALTH SERVICES, 1969

ANNUAL REPORTS OF THE COUNTY MEDICAL OFFICER AND
PRINCIPAL SCHOOL MEDICAL OFFICER - Dr. I. A. MacDOUGALL, O.B.E.



INDEX

	<i>Page</i>		<i>Page</i>
Ambulance Service	7, 18	National Health Service	5
Audiology Service—Pre-School	6	Nurseries and Child Minders	17
Births—Live and Still	3	Nursing Homes	17
Care of Mothers and Young Children	15	Populations	3
Cervical Cytology	12	Prevention of Dental Decay—The Fluoridation of Water Supplies	11
Children Under Five—Day Care of	5	School Health Service:	
Chiropody	12	Audiometry and Hearing Defects	24
Congenital Malformations—Notification of ..	5	B.C.G. Vaccination	42
Deaths	3	Child Guidance Service	28
Dental Service—Priority Cases	33	Deaths of School Children	42
Diocesan Councils	6	Dental Service	31
Family Planning	6	Diagnostic Unit	40
Fluoridation of Water Supplies—The Prevention of Dental Decay	11	General Statistics	43
General Practitioner Attachment Scheme ..	5	Handicapped Pupils	38
Haemodialysis (Intermittent)	12	Health Education	35
Health Centres	5	Infectious Diseases	41
Health Education	8	Meals and Milk	43
Health Visiting Service	7, 16	Medical Inspection and Treatment ..	21
Home Help Service	13, 19, 20	Rest Home Scheme	41
Home Nursing Service	7	School Eye Clinics	24
Hospital Car Service	18	School Psychological Service	29
Liaison with Hospital Services	5	Speech Defects	27
Live and Still Births	3	Verminous Conditions	42
Mental Health Services	11	Vision—Defects of	23
Midwifery Service	7, 16	Statistics:	
		General and Vital	3
		Local Health Authority	15
		Training Centres	11
		Tuberculosis	18
		Vaccination and Immunisation	7, 17
		Venereal Diseases	14
		Vital Statistics	3

Cover: —A Health Visitor taking a Health Education Session at Hythe Health Centre.

HAMPSHIRE COUNTY COUNCIL

ANNUAL REPORT

of the

COUNTY MEDICAL OFFICER

and

PRINCIPAL SCHOOL MEDICAL OFFICER

for the year

1969

INTRODUCTION

To the CHAIRMAN and MEMBERS of the HAMPSHIRE COUNTY COUNCIL.

I have the honour to present my Report for the year 1969, covering both the Health and School Health Services.

In this issue of the Annual Report the subject high-lighted is Health Education and a Section under this heading contributed by Miss Pitcairn-Jones, Health Education Officer and her colleagues Dr. Colley and Mr. Young will be found herein.

No community care service, however comprehensive and integrated, could fulfil its mission efficiently without the co-operation of the public, for health depends less upon laws than on an enlightened attitude of mind and it is the task of health education to provide the knowledge on which that outlook is founded. The organisation of health education schemes is often a somewhat unrewarding process. Prevention may be better, but it is usually duller, than cure. Moreover, knowledge of the facts does not necessarily lead to carrying out the conclusions to be drawn from them; for example, the present position regarding cigarette smoking.

Health education has rightly become a prominent part of the activities of most health departments and their workers in contact with the public, and where these workers are closely integrated with the family doctor there lies the best hope for success. Health education must be given a secure place in any community care system, for one of the biggest problems facing the National Health Service as it nears its third decade is how to shift the emphasis from sickness to health; from curative medicine to preventive medicine.

I am most grateful to Dr. Bacon who once again has written the School Health Section of the Report and Mr. Lloyd, my Chief Administrative Assistant, who so carefully edits the Reports.

I also express my very sincere thanks to all the members of my staff for their help and hard work, and in conclusion, my gratitude to the Chairmen and members of the Committees associated with the work of my Department for their help and encouragement.

I. A. MacDOUGALL,
County Medical Officer.

PRINCIPAL OFFICERS

County Medical Officer and Principal School Medical Officer:

I. A. MacDougall, O.B.E., M.R.C.S., L.R.C.P., D.P.H.

Deputy County Medical Officer and Deputy Principal School Medical Officer:

L. J. Bacon, M.A., M.D., B.Ch., M.R.C.S., L.R.C.P., D.P.H.

Principal Medical Officer for Mental Health:

E. B. McDowall, D.S.C., M.A., M.B., B.Ch., M.R.C.S., L.R.C.P., D.P.M.

Chief Dental Officer and Principal School Dental Officer:

C. C. Chadwick, L.D.S.(U.Lpool.)

Senior Medical Officers:

T. A. Lloyd-James, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.

N. M. Bailey, M.D., M.Sc., Ch.B., M.R.C.S., L.R.C.P., D.P.H., D.Obst.R.C.O.G., M.R.C.G.P., (resigned 28.11.69).

M. J. Chapman, M.B., Ch.B. (commenced 24.11.69).

Deputy Chief Dental Officer:

M. V. Symes, L.D.S., R.C.S. (Eng.)

Child Guidance Teams and School Psychological Staff:

Medical Director and Consultant Child Psychiatrist:

I. Hadfield, B.M., Ch.B., D.P.M.

Senior Educational Psychologist:

Dr. L. F. Lowenstein, M.A., Dip.Psych., Ph.D.

Senior Psychiatric Social Worker:

Miss W. Barnes, A.A.P.S.W.

Chief Speech Therapist:

A. P. Tolfree, F.C.S.T., L.R.A.M., L.G.S.M., M.R.S.T. (part-time)

Senior Audiologist:

R. M. Macpherson

County Nursing Officer:

Miss J. C. Maughan, S.R.N., S.C.M., H.V.Cert.

County Ambulance Officer:

G. E. Turner, F.I.A.O.

Chief Mental Health Social Worker:

C. Hemsley

County Organiser, Home Help Service:

Miss L. M. Hamilton, M.B.E.

County Organiser, Training Centres:

G. Coyne

Health Education Officer:

Miss P. J. Pitcairn-Jones, S.R.N., S.C.M., H.V.Cert., Dip.H.E.

Chief Administrative Assistant:

P. L. Lloyd, D.M.A., M.I.L.G.A.

GENERAL AND VITAL STATISTICS

Population.

The population of the Administrative County estimated by the Registrar General in Mid-1969 was as follows:

Urban Districts	..	..	602,640
Rural Districts	..	..	374,640
Administrative County	..	..	977,280

<i>Year</i>	<i>Population</i>	<i>Year</i>	<i>Population</i>
1958	732,200	1964	854,790
1959	750,000	1965	879,500
1960	765,130	1966	905,060
1961	775,160	1967	932,350
1962	801,740	1968	955,960
1963	822,830	1969	977,280

Vital Statistics.

Live births	..	..	..	..	..	..	..	..	17,423
Live births—rate per 1,000 population	..	..	..	..	..	..	..	..	17.8
Illegitimate live births per cent. of total live births	..	..	..	..	..	..	..	..	6.0
Still births	..	..	..	..	..	..	..	..	168
Still birth rate per 1,000 live and still births	..	..	..	..	..	..	..	..	10.0
Total live and still births	..	..	..	..	..	..	..	..	17,591
Infant deaths (deaths under 1 year)	..	..	..	..	..	..	..	..	268
Infant mortality rate per 1,000 live births—total	..	..	..	..	..	..	..	..	15.0
Infant mortality rate per 1,000 live births—legitimate	..	..	..	..	..	..	..	..	15.0
Infant mortality rate per 1,000 live births—illegitimate	..	..	..	..	..	..	..	..	28.0
Neo-natal (deaths under four weeks) per 1,000 live births	..	..	..	..	..	..	..	..	11.0
Early Neo-natal (deaths under one week) per 1,000 total live births	..	..	..	..	..	..	..	..	9.0
Perinatal (still births and deaths under one week) per 1,000 total of live and still births	..	..	..	..	..	..	..	..	19.0
Maternal deaths (including abortions)	..	..	..	..	..	..	..	..	—
Maternal mortality rate per 1,000 live and still births	..	..	..	..	..	..	..	..	—

Live and Still Births.

	<i>Male</i>	<i>Female</i>	<i>Total</i>	<i>Rate per 1,000 Population</i>	
				<i>Hampshire</i>	<i>England and Wales</i>
Live Births:					
Legitimate	8,354	7,985	16,339	16.7	
Illegitimate	591	493	1,084	1.1	
			17,423	17.8	16.3
Still Births:					
Legitimate	84	78	162	0.17	
Illegitimate	3	3	6	0.01	
				0.18	—
Total Live and Still Births	9,032	8,559	17,591	17.98	—

Deaths.

<i>Male</i>	<i>Female</i>	<i>Total</i>	<i>Rate per 1,000 Population</i>	
			<i>Hampshire</i>	<i>England and Wales</i>
5,068	4,834	9,902	10.1	11.9

The main causes of deaths continue to be diseases of the circulatory system and cancer.

	Number of Deaths					
	1969	1968	1967	1966	1965	1964
Diseases of the circulatory system	5,140	5,339	4,938	4,869	4,791	4,542
Cancer	2,034	1,912	1,888	1,772	1,743	1,644
Pneumonia	674	724	557	617	496	457
Bronchitis	452	439	348	362	362	336

Deaths of Infants Under One Year.

	Number	Administrative County			England and Wales		
		1967	1968	1969	1967	1968	1969
Total infants per 1,000 live births	268	16.1	16.3	15.0	18.3	18.0	18.0
Legitimate infants per 1,000 legitimate births	238	16.2	16.2	15.0	—	—	17.0
Illegitimate infants per 1,000 illegitimate births	30	15.5	17.5	28.0	—	—	25.0

Deaths of Infants under Four Weeks.

	Number	Rate per 1,000 total live births
Neo-Natal (deaths under four weeks)	186	11.0
Early Neo-Natal (deaths under one week)	164	9.0
	1968	1969
The number of babies dying under the age of four weeks was as follows:		
Dying before 24 hours	99	107
Dying between 1 day and 1 week	63	57
Dying between 1 week and 4 weeks	30	22
Total ..	192	186
	Number	Rate per 1,000 total live and still births
Perinatal (still births and deaths under 1 week combined) ..	332	19.0

NATIONAL HEALTH SERVICE ACT, 1946

Co-ordination, Co-operation and Integration.

The policy of the County Council over the past 15 years has been to work as closely as possible with the general practitioner and hospital services; to co-ordinate, co-operate and integrate the Services to an ever increasing degree and in every variety of ways. It is, I am convinced, only by such development that the patient can receive the maximum benefit from the Health Service.

In my report for 1967 I dealt fully with the many aspects of this policy as it has been applied in Hampshire. I should however like to mention two aspects which are of particular importance. Firstly the **General Practitioner Attachment Scheme**: health visitors, district nurses and midwives are now attached to 85% of the family doctors in Hampshire compared with 78% last year.

Secondly **Health Centres**: the demand for Health Centres continues unabated; in October the second Health Centre in Hampshire came into use at Rowner, Gosport and during the year work commenced on the Winchester, Basingstoke and Andover projects. A further 20 centres are either under active consideration or are planned for the future. The importance which is attached to these projects both by the General Practitioners who will work from them and the Executive Council who continue to press for their provision is very encouraging marking, as it does, the taking of a very important step along the road to the integration.

Day Care of Children Under Five.

The Health Services and Public Health Act of 1968 amended the Nurseries and Child Minders Regulation Act, 1948 with effect from the 1st February, 1969.

From that date it was an offence for (a) any person to receive into unregistered premises (other than those wholly or mainly used as a private dwelling house) one or more children under the upper limit of compulsory school age for a total of two hours or more in a day or (b) any unregistered person for reward to receive into his/her home one or more children under the age of five to whom he or she is not related for a total of two hours or more in a day.

The object is for the Local Health Authority to be satisfied that the premises are fit for children and/or the persons are fit to look after children.

Statistics show that as a result of the amendments to the Nurseries and Child Minders Regulation Act, some 27 premises and 340 persons were registered to care for 578 and 1,188 children respectively.

The inspections by both the Medical Officers and the Fire Prevention Officers is an important requirement of any new registration and in many of the changes in registration.

The priority cases for whom the Authority will be financially responsible for placing with Child Minders or in Playgroups were re-stated during the year as follows:

Children

- (i) with only one parent (e.g. the unsupported mother living with her child).
- (ii) who need temporary care on account of mother's illness.
- (iii) whose mothers are unable to look after them adequately, because they are incapable of giving young children the care they need.
- (iv) for whom day care might prevent the breakdown of the mother or the breaking up of the family.
- (v) whose home conditions (e.g. because of gross overcrowding) constitute a hazard to their health and welfare.
- (vi) whose health and welfare are obviously affected by lack of opportunity for playing with others.

54 such children were placed during the year.

Notification of Congenital Malformations.

In 1963 the Chief Medical Officer of the then Ministry of Health requested that each case of congenital malformation notified to a Medical Officer of Health should be coded and sent to the Registrar General. Such returns should relate to still-births as well as live births.

Details of any congenital malformations noted at the time of birth are sent to me on the notification of birth form, which is then seen by my Senior Medical Officer who transfers the information to the appropriate code or codes on the form which is sent to the Registrar General. In this way it is possible for an accurate picture of the epidemiology of congenital malformations to be obtained. This, in turn, is of great importance in research into the causes of congenital malformations.

In July 1969 I was informed by the Medical Statistician in the General Register Office, London, that, as a result of reports received by the Committee on the safety of drugs concerning the suspected association between specific drugs and certain congenital malformations, a co-operative survey had been planned to collect retrospectively information about the pregnancy of mothers of some babies who were born with malformations. The initial investigations have commenced, and if this pilot phase of the study shows promise of succeeding, it is likely that a regular mechanism for the follow-up of randomised samples of cases filed at the Registrar General's Office will be developed.

Pre-School Audiology Service.

In this, the tenth year of this service, although the overall number of screening tests carried out does not vary greatly from that of more recent years, the interest in infantile deafness among Paediatricians, Otologists, General Practitioners, Health Visitors and Nurses has increased encouragingly.

Screening Tests.

Out of the 6,435 Screening Tests carried out by Health Visitors, 2,168 cases were in the "at risk" category. All screening test failures, as well as pre-school children referred for Speech Therapy were reviewed at the bi-monthly re-assessment clinics. This number amounted to approximately 480 cases, of whom 11 were finally diagnosed as having severe perceptive hearing losses. This final number consisted of 6 cases of perceptive deafness due to maternal Rubella, 1 familial, 2 haemolytic disease of the new-born, 1 acquired and 1 cause unknown. A further eight children were referred from other sources, making a total of 20 new cases for training during the year. The grand total of children with ages varying from 7 months to 4½ years under training during the year amounted to 53.

Otology Clinics.

Two new Audiology clinics under the direction of a Consultant Otologist were established in Havant and Fareham during the latter part of the year—thus obviating the necessity for referring children from the South Eastern area to out-County Consultants.

Parent Counselling and Auditory Training.

Although the final aim of this part of the service is the Social adequacy of the deaf child, much of the early work is concerned with the social aspects of Parent Child Relationship and the parental acceptance and understanding of the deaf child's limitations. Understanding of, and alleviating stress, and indeed grief, which the majority of mothers of deaf children experience is an essential part of the programme of training and thus the early work with the young deaf child is medico-social, and only educational in its broadest sense.

In consideration of these problems, it was decided to form a Parents Association for Deaf Children affiliated to the National Deaf Children's Society. The first tentative meetings were held towards the end of the year, and much enthusiasm was shown by the parents of pre-school and school-age children. The main purpose of this Association is to bring together the parents of deaf children and people interested in the welfare of the deaf child.

Mental Health Centres.

The screening of all new entrants which is carried out by the Audiologist continued during the year. No new cases of perceptive hearing loss were diagnosed as the result of these tests. However, there are four children wearing hearing aids in the Centres who are under supervision.

Lectures and Demonstrations of hearing testing were given to the Health Visitors courses in the Universities of Southampton and London, to the bi-annual course of the Queen's Institute of District Nurses, and to the Department of Sound and Vibration in the University of Southampton.

Diocesan Councils.

Notice of the closure of several "Mother and Baby" Training Homes has been made during the year and this will result, I feel, in a greater need for the Diocesan Social Workers to increase their support and advice to, not only the mother, but to her parents during the ante-natal period.

This support is vitally necessary if a breakdown in family life is to be avoided.

The call for less financial support to the individual mother in her training at a home is also an indication of the greater acceptance by the family and the community of the "unmarried" mother.

67 cases were referred for financial help by the Authority in 1969 compared with 93 in 1968 and 106 in 1967.

Family Planning.

Mention was made in my report last year of the need to discuss with the Family Planning Association what help can be given to "social cases".

It is now agreed that no charge will be made to any woman (a) who suffers from a specific condition, gynaecological or otherwise, which would render pregnancy injurious or (b) whose general health would be caused to suffer by reason of the increased mental, physical or social burden placed upon her by pregnancy.

Cases not coming within categories (a) and (b) mentioned above can, if they so wish, be considered for financial help.

I am represented on the Executive Committee of the Wessex and Wight Branch of the Family Planning Association by one of my Senior Medical Officers and in this way close liaison is maintained between the Branch, acting as the agent of the authority, and the authority.

During the year the number of cases referred for medical/social reasons were 568.

The cost of renting premises by the Wessex and Wight Branch, where Local Authority Clinic facilities are not available, is reimbursed by the authority. Three such areas exist in the County.

Health Visiting, Nursing and Midwifery Staff.

The year 1969 can again be considered a satisfactory year for recruitment, though one or two areas continue to remain difficult to attract full-time staff. However, the appointment of part-time staff has helped to overcome such problems and thanks are due to all staff for coping so ably with all emergencies that can arise through staff sickness, vacancies and other demands.

It is gratifying to note, from the annual statistics produced on page 16, that an increased number of visits made by health visitors is due either to requests from family doctors or hospitals and I am sure that this is due to the continued awareness of the benefits of staff attachments to the family doctor service and to the Hospital Liaison Scheme.

The willingness of staff to accept an increasing number of students who are required, as part of their training, to undertake a day with both the district nurse and the health visitor, should be noted and I am certain that the good relationships fostered at this time can have beneficial effects later on recruitment.

Several student midwives, who have undertaken their three months training on the district within the administrative county area, are now full-time members of staff.

Mention must also be made of the important part played by Health Visitor Field Work Instructor in the training of student health visitors, not only of the Authority's sponsored students at Southampton University and Reading College of Technology, but also in providing out-county practical experience for H.V. students from other training centres.

Another District Nurse Training Course was organised in 1969 and I am pleased to report a 100% pass rate.

Congratulations should be offered to Miss J. C. Maughan, County Nursing Officer, on her appointment as a member of the Council for the Training of Health Visitors.

There was an increase of two Assistant Area Nursing Officer posts during the year and with another authorised from the 1st April, 1970, five areas will have both an Area and an Assistant Area Nursing Officer, enabling a closer co-ordination of work and liaison at a local level with the field staff and other services. The Assistants will of course also obtain training in their future role of nursing administrators.

Vaccination and Immunisation.

Since the 1st July, 1967, all births and immunisations and vaccinations have been recorded on the computer and the records of other children of 0-5 years are gradually being centralised. The County was divided into 8 phases for immunisation and vaccination appointment systems and by the end of 1969 6 phases of the County were on the computer giving appointment lists for nearly 300 doctors. It is anticipated that the majority of General Practitioners will be on the scheme by April 1970. Facilities are also provided for County Clinics where the Assistant County Medical Officers carry out the immunisations and vaccinations.

The computer produces lists for General Practitioners setting out the children who are due for routine immunisation and vaccination and provides appointment cards. The scheme is working well and is welcomed by General Practitioners.

The statistical table set out on page 17 shows the acceptance rate for children who completed their primary courses by the 31st December, 1969. The acceptance rates for 1967 are shown but for 1968 and 1969 no figures are included as the recommended schedule of timings is now widely used in this County. This means that children do not complete their primary course of injections until the second year of life. Consequently no accurate acceptance rate figures will be available for children born in 1968 until 1970.

County Ambulance Service.

In the year under review the most important development in the Ambulance Service has been a revised pay structure for Ambulance staff which has swept away the old concept of the Ambulance man as a driver with a first aid certificate and introduced rates of pay related to qualifications and experience. This is on the lines of the recommendation contained in the Report of the Working Party on Ambulance Training, Vehicles and Equipment (the Millar Report). In order to qualify for the proficiency certificate issued by the newly constituted Ambulance Service Advisory Committee which entitles them to the top rate of pay, new entrants must now satisfactorily complete a 6-week Training Course, gain a year's experience and be assessed as competent over the whole range of duties by their employing Authority.

So that they might be brought up to the required standard, staff with between 2 and 5 years service were required to attend an approved 2-week Training Course and Hampshire was asked to run a series of such Courses for Ambulance staff in the south and west of England.

Training.

It was decided to run these Courses concurrently with the 6-week Training Courses and although this created a problem for the Assistant Ambulance Officer in charge of Training and his staff they rose to the occasion magnificently and the Courses have been a great success. Many of the Authorities who sent students to the Training School have loaned Instructors and without this help the task would have been impossible. Meetings have again been held at the Training School to which Ambulance Officers sending students to the School have been invited and these have proved a great success.

The complete Training Programme for the year was three 6-week Courses, nine 2-week Courses and two Officers' Courses, each of 1-week duration. During the year a further 2 Instructors attended Department of Health Instructors' Courses and successfully qualified bringing the total of fully qualified Instructors to 6.

Three major accident exercises were held, one at the Royal Aircraft Establishment at Farnborough, one at the Works of the Monsanto Chemical Company at Hythe and one at Micheldever Railway Station. There was also a major accident study at County Police Headquarters at which the Ambulance Service was represented. Valuable lessons were learnt on each occasion particularly the need for all staff, both in Control and at the scene, to work to the prescribed drill and to ensure that there is effective liaison between the various emergency services at all levels of command.

Control.

The new Central Control continued to operate satisfactorily although it was found necessary to engage two additional Control Clerks. It was decided to employ one of these as a permanent Radio Operator during peak hours and this has proved very wise since it has provided much better continuity of working and a better standard of radio procedure.

Authority has been obtained to install Telex at Central Control and at 6 of the larger Ambulance Stations in 1970 which will greatly facilitate the passing of work.

The new Ambulance Station for North-east Hants in Hawley Lane, Farnborough, opened on the 22nd October, 1969. This is the largest and most comprehensive Station yet built in the County and is intended to serve the area formerly covered from the Stations at Aldershot, Farnborough and Hartley Wintney, the latter two Stations having been closed completely. There is a drive-through garage with space for 10 Ambulances and a covered wash down. A laundry room with an automatic washing machine is a special feature of the new Station.

On the 1st October the Ambulance formerly stationed at Romsey was transferred to Eastleigh and the establishment of this latter Station increased by three personnel. This step, which at the time aroused some opposition locally, was taken in order that the staffing of the Ambulance should be brought to the new high standard achieved in the Service as a result of proper training; I was satisfied that a better service with little risk of delay could be provided from the adjoining Station at Eastleigh. Since the change was made the service has functioned quite satisfactorily.

Staffing.

The career structure of the Ambulance Service was further improved during the year by the appointment of 24 senior drivers. This rank which applies at the larger Shift Stations is synonymous with that of Shift Leader but the senior drivers do not in fact lead any particular shift, but work a rota of their own which ensures that there is always one on duty at the Station to receive and allocate the work received from Central Control and assist with the supervision of the Station generally.

The volunteer drivers of the Ambulance Car Service continued to provide a valuable supplementary service.

Management.

In September a 2-day Pay and Productivity Study was held at the Training School and 23 Ambulance Officers, together with 20 Work Study or Management Services Representatives, attended. The Programme included Speakers from the Local Authority's Management Services and Computer Committee, a Local Authority Work Study Team and a prominent Trade Union.

It was evident from the start that it would be virtually impossible to apply the usually accepted criteria for incentive bonus schemes to the Ambulance Service. Unlimited output was not feasible and the work could not easily be measured. It was really a question of making a better use of the available resources. Unit costs must be reduced and at the same time the operatives must be rewarded.

Whilst the view was expressed that production/efficiency agreements were not a practical proposition in a Local Authority Ambulance Service the majority of those present thought that there was a limited scope for such agreements.

Ideas put forward included:

- Better use of personnel standing by to receive calls, e.g. on maintenance, laundry, clerical work, etc.
- A salaried Ambulance Service to reduce the amount of time spent on checking time sheets, calculation of wages, etc.,
- Better liaison with the Hospital Service,
- The introduction of split shifts,
- Changes in times and duration of shifts and improved control techniques.

Health Education.

(I am indebted to Miss P. J. Pitcairn-Jones, Health Education Officer, and her colleagues Dr. Colley and Mr. Young for this Special Section)

1969 has been a fruitful year for the planning and practice of Health Education, both nationally and locally. The Health Education Council Ltd., published a booklet setting forth its policy. This was circulated to all members of the Medical Department. Among the 13 current health problems listed, 11 have long been recognised and developed as subjects upon which we offer Talks and have made Displays. These are SMOKERS DISEASE, NUTRITION, DENTAL CARIES, FOOD POISONING, CANCER, INFECTIOUS DISEASE, VENEREAL DISEASE, DRUG ADDICTION, SEX EDUCATION, ACCIDENTS and PREPARING FOR RETIREMENT. Problems of New Immigrants have had a considerable amount of work done in regard to overspill Council estates in two areas, Basingstoke and Andover. Alcoholism has not yet been singled out in the County as a special topic of Health Education, but excessive drinking is discussed with school leavers as one of the hazards to health causing disorganisation of physical and social affairs.

The objects for which the Council is established are "to promote and encourage education and research in the science and art of healthy living and the principles of hygiene and the teaching thereof, and to assist Government Departments, Local Authorities, and other statutory and voluntary bodies in so far as their work comprises Health Education and propaganda directed to the promotion or safeguarding of public health or to the prevention and cure of disease."

Staffing.

The extra time specifically spent on Health Education by Dr. Colley, and the appointment in March of a full-time Assistant Health Education Officer, Mr. Young, have made it possible to start several new activities and to increase the amount of support to existing programmes of work.

In-Service Training.

Once again this has been given on demand at area level, mainly by offering opportunities to see, use and discuss current teaching material on Health Education: opportunities of practising group discussion techniques have presented themselves at these informal sessions. Mr. Benfield, Advisor in Religious Education, has also been enormously helpful both to our staff visiting his Courses at Calshot and also to any of us with whom he has shared a question panel in a School. Several Health Visitors have been on Refresher Courses where Health Education was the main theme and have sent back interesting reports. Mr. Young, the Assistant Health Education Officer, attended the Health Education Summer School at Bangor. This was the Health Education Council's first Summer School and the last in the established pattern laid down by the old Central Council for Health Education. Mr. Young appreciated the exchange of ideas with the interesting people he met working in Health Education not only from elsewhere in the U.K. but also from Holland. His experience has stimulated the work of the section.

Training sessions have been regularly given at the Ambulance Training School, the District Nurse Training School, the Home Help Study Course, the Child Care Houseparents Course, and the Careers Advisers' Study Days. Both Health Education Officers and Area Nursing Officers have participated in these. Dr. Bacon has participated in a series of Lecture Discussions at all the Teachers' Centres in the County on the Venereal Diseases, and these have resulted in requests for the presentation of this subject in schools.

Various associations such as the British Red Cross Society and the Pre-School Playgroups Association have invited speakers from the Department to help in their courses of staff training.

Equipment and Materials.

A very skilful and sophisticated Dental Display was made by the Health Education Art and Technical Assistants and the Dental Auxiliaries for the National Dental Display Week at Bournemouth in June. A small Display was made of photographs taken at the request of the "Waterside Activities Group", illustrating the leisure time activity of this group of Pensioners working for pleasure and profit at Hythe Health Centre: this display has been used at a Conference of Old People's Welfare Associations and also at The Mount Hospital Open Day. On both occasions the Stand was staffed by Nursing Staff and members of the public discussed the care of the elderly at home and took stencilled leaflets and handouts about Services available to them. In June, at Andover, a Local Authority Exhibition held in the Drill Hall, East Street gave us the opportunity of displaying a Stand showing the work of the Health Visitor, District Nurse and Midwife. This was also staffed by Nursing Staff from the town. Although the lack of a good central position for the Exhibition made the attendance rather poor, those who did attend were shown the nearest sources of help from the large scale map on the Stand.

Poster Displays have been delivered every month to the 13 County Council Health Clinics and individual requests from Health Visitors for posters for surgeries or schools have been met. At the present time this is the only way that posters are used. In conditions where a captive audience may notice them, it is our practice to use posters on a topic directly before and after that topic has been taught to a class or group; schools like this method. As we extend our impact from the "captive" audience to capture the man in the street we will have to extend our sites for posters. This could be an interesting controlled survey in two areas and produce some helpful data in 1970.

New Teaching Material Bought.

Again this has been carefully limited to the essentials to give everyone who wants the opportunity to use modern visual aids and up-to-date reference material without an undue amount of disappointment or difficulty in arranging the reservation and transport of this material.

This is a complex task and the ease with which this is done by the clerk in the Health Education Office and her efficient and friendly co-operation with her colleagues, the Area Nursing Office Clerks, and the welcome which she gives to all visitors to the Health Education Office helps this along in no small measure.

Improved Communications

Hampshire is not only geographically large but contains a wide range of communities from the most rural to the more sophisticated urban.

Two developments during 1969 were primarily to aid communication between central Health Education Office and the field workers.

(a) Health Education Committee.

A committee was formed in March 1969 incorporating three members from each of the five nursing areas to help this two-way flow of information. Committee members brought to the meetings problems from their areas and reported back the results of the discussion arising. It was also possible to correlate work done in various parts of Hampshire and plan "County Campaigns".

One of the several positive actions arising from the Health Education Committee was the formulation of suggested syllabuses for Health Education in both Junior and Senior Schools. These were found useful as a guide when introducing the possibilities of Health Education in schools where little had been done previously. They were kept intentionally flexible so that they could be altered to fit in with the Head Teachers' wishes and work already being covered. Many Junior Schools throughout the County now have regular sessions on health topics fitting into a yearly programme. Arranging such sessions in Senior Schools with their tight time tables is always more difficult but most Head Teachers appreciate the importance to their pupils of information about the medical/social problems that face young people today and are very willing to assist School Medical Officers and Health Visitors to hold small discussion groups for an interchange of ideas.

This seems an excellent example of prevention being better than cure.

(b) *Health Education Bulletin.*

A monthly news letter was started in February 1969 giving information on the work of the Health Education Section, news of In-Service Training, and reviews of new material as it becomes available.

The synopses of the films and film strips and additions to the library have been found most helpful for field workers who are unable to make frequent journeys to Winchester.

The accommodation in most Child Health Clinics which are held in Church Halls etc., makes formal Health Education difficult. This is regrettable since the parents of babies and toddlers are always a receptive audience. In some areas Health Visitors are talking to mothers of young children through Young Wives groups and Ladybird Clubs, and where this is possible the parents are most appreciative. Every effort is being made to extend this service as there is a scarcity of written advice about toddlers.

Talks Offered to the Public.

Letters describing and offering Talks were sent out to Youth Clubs, Clubs for Old People, Parent/Teacher Associations and other Adult Groups, 1,400 in all, last year. The response has been heavier than usual to this circular letter, possibly because each letter offers subjects of direct interest to the group. Mr. Young has kept the records of the returns of teaching work done and submits this Table.

Health Education to Adult Groups.

						<i>Number of Talks Given</i>	<i>Types of Audience</i>
Nutrition	..	..	..	..	..	50	{ Youth Adult Over 60's
Sex Education	..	..	..	..	..	68	
Drug Abuse	..	..	..	..	..	75	
Good Health in Middle Age			..	..	..	48	{ Adult P.T.A. Adult
Care of the Feet	..	..	..	..	..	26	
Venereal Disease	..	..	..	..	..	15	
Cancer	..	..	..	..	..	15	{ Adult Over 60's Youth
Smoking	..	..	..	..	..	16	
Accident Prevention and First Aid	..	..	..	..	..	29	
General Health	..	..	..	..	..	24	{ Adult Youth
Stress	..	..	..	..	..	14	
Mental Health	..	..	..	..	..	10	
Family Planning	..	..	..	..	..	3	
Social Services	..	..	..	..	..	26	
Infectious Disease } Parentcraft Teaching }	..	..	..	..	..	245	{ Ante Natal and Child Health Clinics
						664	

These records are only as complete as the returns that are sent in and it is clear that a certain amount of work is undertaken without the knowledge or help of the Health Education Office.

The figures show an increase in the talks to adult groups. Drugs talks have proved very popular; there is no doubt that the popular press publicity on this subject has stirred this demand for facts. Education on Sex and Venereal Disease is now going through this same phase.

Many kinds of groups have asked for talks though one could say that 75% of the requests have come from the already convinced groups, but these groups are important as they often continue as lay Health Educators spreading information at their place of work or elsewhere.

Special Activities in 1969.

The Youth Service asked for a week-end Programme in the Autumn which was planned by Dr. Eyles, and in which Dr. Colley, Miss Leadbitter, Health Visitor, the Health Education Officers and visiting Speakers took part. The subject was "HEALTH EDUCATION—WHAT, WHERE AND HOW?" A similar week-end presenting "YOUNG PEOPLE AT MEDICAL RISK" has been requested for next year. As well as taking a comprehensive selection of the films, slides, posters and library books which we use in Schools and at Youth Clubs, a Display "THE ABC OF HEALTH EDUCATION" was made in the Office and caused a great deal of interested discussion. It has since been used by several School Medical Officers in their Secondary Schools to create discussion.

The Field Services Division of the Health Education Council offered us the use of a mobile trailer for 2 weeks in October. This was their first and experimental mobile unit, and Hampshire was the first County to use it. The subject of the Display was one that had already been presented by the County Health Education Department in earlier years, namely "CANCER EDUCATION", but the mobile van—taking the Exhibition into the Market Place—offered opportunities of reaching the public who would not normally be expected to attend a public exhibition. This was interesting to some of our experienced Health Educators who staffed the Unit but the failure of the equipment limited the impact and we were left to the old skills of persuasion to entice our public into a not greatly improved display in a cramped caravan. Nevertheless it was generally felt by the doctors at whose surgeries the van was parked and by the staff participating in manning the unit that given efficiently running equipment this type of display could be very effective on many topics.

New Materials Made.

A set of colour transparencies showing the work of the Nursing Services in Hampshire has been made by the Technical Assistant working with the County Nursing Officers and Health Education Officer. These have been taken at a group practice with a completely attached Nursing Staff and show the full range of the work of the Health Visitor, School Nurse, District Midwife and District Nurse. It is hoped to complete the titling of these early next year and have them ready for staff to use when lecturing on The Work of the Community Nursing Services. They are very attractive and true to life and should be most popular.

Future Developments.

We would like to do much more teaching and discussion on the health and behavioural development of toddlers. Several Health Visitors are already working on this project.

One Head Teacher suggests arranging an informal class on this subject for parents of the pre-school child, actually in the staff rooms of Junior Schools. Other Health Visitors are doing this in the play groups when parents collect their children. The other area of Health Education we hope to develop in 1970 is work among young adults through Youth Groups and Industry. Information on Accident Prevention, Understanding Stresses and Strains, Family Planning and the Prevention of Venereal Disease is acceptable and useful here. We are preparing teaching material on the Venereal Diseases, for use in 1970, with the help and co-operation of Dr. Warren, Consultant Venereologist, Wessex Regional Hospital Board. We would like to try a display on "THE PREVENTION, TREATMENT AND CONTACT TRACING OF THE VENEREAL DISEASES" in the mobile trailer manner taking this to the public.

At the end of this year, with real progress behind us, we look to the seventies as a time of further expansion. I am grateful to all my colleagues in the section for their enthusiasm and active support.

Prevention of Dental Decay—The Fluoridation of Water Supplies.

The Department of Health and Social Security has again asked that this report should include reference to the action taken by the Council on the Department's urgent and oft-repeated recommendations to Local Health Authorities to secure the fluoridation of public water supplies.

The County Council instructed the County Health Committee to investigate a proposal to fluoridate welfare and school milk but took no further step to implement the recommendation of its Health Committee to introduce the fluoridation of water supplies, and 85,000 Hampshire children were found during the year to require treatment for decayed teeth, so much of which is preventible.

Mental Health Service.

The number of patients referred to Mental Welfare Officers during 1969 and the three preceding years as follows:

	1966	1967	1968	1969
Referred by:				
Hospital and Out-Patient Departments . .	1,195	893	898	1,020
General Practitioners	1,995	1,940	1,691	2,313
Other Sources	831	783	690	710
	4,021	3,616	3,279	4,043

The figures for 1969 represent a 23.3% increase over those for the previous year, possibly a reflection of increases in the establishment of Mental Welfare Officers and an extension of the system of attachment of officers to general practitioners. Further indication of this is shown by the increase of 36.8% in the referrals from general practitioners. Admissions to hospital increased by 84, rather less than in 1968, but the proportion of patients admitted on an informal basis rose to 60%, an increase of 10% on the previous year.

During the year the Totton Branch of the Hampshire Training Industries was opened—the seventh Adult Training Centre to be provided in the County. This is a purpose-built Branch providing 50 places for mentally sub-normal men and women. The Andover Branch mentioned in my last report, also opened during the year in the former Civil Defence premises. Work also commenced on the Eastleigh Branch which will provide 100 places initially, serving the Eastleigh and Winchester areas.

Towards the end of the year an appreciation of the Mental Health Services in 1969 was presented to the Health Committee which brought up to date the detail included in my annual report for 1966. This appreciation drew attention to the statistics presented by Dr. A. Kushlick and Miss G. Cox in their research into mental subnormality for the

Wessex Regional Hospital Board, and in particular to the estimated additional number of mentally subnormal adults and children who will require local authority residential facilities during the next ten years. As a result a detailed report is being prepared for consideration in 1970 on additional long-term requirements for residential and training facilities for all categories of the mentally disordered.

The appreciation also drew attention to the need for consideration to be given to the appointment of a Counsellor for the personal interviewing and advising of the families of the mentally handicapped child, together with the co-ordination of the social work of the Health Visitor and Mental Health Social Worker. I consider that this will be particularly important when the education of mentally handicapped children is transferred to the Education Committee.

Considerable friendly collaboration and discussion with officers of the Education Department is taking place so that the transfer of responsibility for Junior Training Centres will be as smooth as possible when it comes into force. These contacts have involved several aspects of work—curriculum, transport and catering in particular as well as in planning—and it is also expected that the training centre teaching staff will gain a great deal by their association with the Teachers Centres now set up in the County both from opportunities for in-service training and from meeting colleagues from other schools.

Intermittent Haemodialysis.

Seven new cases were referred to the department in 1969 and modifications in the home of another patient which were started in 1968 were completed.

Of two cases referred in April, one had to be re-housed by a Local Housing Authority before alterations could begin, and the other needed his partially self-built bungalow completed incorporating the dialysis requirements; both of them were on home dialysis by the Autumn. Of the remaining five cases, one was re-housed from a caravan and the modifications to a council house began in December, quotations were sought from builders for another and the remaining three were, up to the end of the year, all subject to negotiation with District Councils for suitable re-housing.

Again I express my thanks to the many Local Officials involved in re-housing who have helped to deal so sympathetically with the urgent needs of these families ensuring that the patients have the benefit of home dialysis as quickly as possible.

Cervical Cytology.

The Clinics at Winchester, Eastleigh, Fareham, Basingstoke, Aldershot and Christchurch continued to operate in 1969 although with the decline in the number of women coming forward the number of sessions held fell to 70 compared with 130 in 1968.

During the year 1,117 were seen and of these 4 (0.35%) were referred back to their own doctors for further investigation of probable malignant conditions. In 1968 the figures were 2,210 and 11 (0.5%) respectively. In addition 15 women were advised to see their own doctors for advice on minor conditions not connected with malignancy.

Advertisements in the local press have not brought forth any increase in response and it was thought advisable to consider some other form of approach.

Arrangements were therefore made in August, 1969, with the Hampshire Executive Council and the General Medical Practitioners in Winchester City for an agreed letter in the name of the family doctor concerned to be despatched to all their patients of 35 years and over, drawing attention to the advantages of having a cervical smear test taken. This could be taken either by the family doctor or at the Local Health Authority Clinic for which an appointment would be given.

The despatch of letters was being phased by the Hampshire Executive Council and will not be completed until March, 1970, by which time some 5,300 letters will have been sent.

Chiropody.

The Chiropody Service continues to be operated on an agency basis by the British Red Cross Society and the Hampshire Council of Social Service, for the elderly, the physically handicapped and, to a very limited extent, expectant mothers.

The figures for 1969 show increases in the number of persons treated and the number of treatments given them but the average number of times each patient was seen remained at about five.

I am indebted to both agencies for their continuing services in maintaining this little publicised service.

Number of persons treated:	1969	1968
(a) Aged 65 and over	12,317	9,959
(b) Expectant mothers	1	10
(c) Others	96	127
	12,414	10,096
Number of treatments given:		
(a) In clinics	46,025	40,809
(b) Patient's homes	11,646	9,929
(c) Old people's homes	1,442	974
(d) Chiropodists' surgeries	1,549	1,786
	60,662	53,498

Home Help Service.

It is now twenty-one years since the implementation of the National Health Service Act 1946, and it is interesting to note how the Home Help Service has developed. At the beginning of 1950, the year when detailed statistics were first kept—377 homes were receiving help. During that year 1,735 homes were assisted—one third long term (chronic 14%, aged 18%) two thirds short term (maternity 35%, others 33%). At the end of 1969 there were 3,233 households on the register receiving help. During the year Home Helps attended 5,479 homes—five sixths long term (chronic 9%, aged 74%), one sixth short term (maternity 8%, others 9%). At first a high percentage of Home Help time was spent giving many hours help for a short period, e.g. home confinements where in the majority of cases full time help was necessary. With the increase in Hospital confinements, the improvements in treatment and with an ageing population the position has reversed. With the exception of areas with new populations such as Basingstoke, Havant and Waterloo, maternity cases have decreased. In addition less Home Help time is now requested; husbands do more, often taking leave for the period and requiring less support. However more and more demands are made to meet the needs of the elderly; a greater awareness of the service means that many more receive a little help in the early stages of their infirmity—a wise preventive measure.

The Home Help plays a very important practical role in home care and the family doctor relies on her support. She takes great pride in the service she gives, is proud to be a member of the health team and when necessary undertakes personal care in addition to the normal domestic duties.

Below are given two examples of how valuable a Home Help can be.

1. Help was first given in November 1949 to Mr. and Mrs. X. Both were in their forties. Mr. X in regular employment earning about £5 weekly. There were four sons aged 8, 6, 5, and 3 years. Mrs. X was suffering from rheumatoid arthritis, completely and utterly bedridden and unable to do anything for herself. By giving about 30 hours help a week this family were kept together. The mother properly cared for and the sons able to complete their education very successfully. They have now left home and married. Mr. X has retired but the general situation has worsened. Mrs. X is now blind and will soon require more skilled attention than can be given in her home. Mr. X is in poor health suffering from strain and stress.
2. Miss Y is an eccentric old lady of over 90 years. She has been receiving about 28–30 hours help each week since August 1953 when she was discharged from hospital suffering from a severe cardiac condition. She has been completely incapacitated, confined to bed or chair bound. This old lady has no relatives or friends to help her and has been entirely dependent on the Home Help for everything. From the outset the Home Help has devotedly cared for her seven days a week—holidays included. If the Home Help has been unable to assist personally she has arranged for a member of her family to do so.

In both the above, Home Helps were specifically engaged. This is often done when it is known extensive care is necessary for a long period.

At the end of the year there were 824 Home Helps and 73 Good Neighbours. During the year one male Home Help and one male Good Neighbour have been appointed. The male Home Help was taken on to care for an arthritic lady, very crippled and helpless. He attends other homes in the area and has shown that the right man can give excellent Home Help service. The male Good Neighbour cares for an arthritic lady living alone. In one part of Hampshire students were employed during the summer vacation and very competently carried out their duties to the mutual benefit of Help and patient. The old enjoy the young and the young receive an insight into problems of old age.

Two Refresher Courses were held during the year. Home Helps who have attended have shown great enthusiasm. The knowledge gained and contacts made, together with the practical instruction received, has given them added confidence and widened their scope. In addition, a half day release course in Community Care, especially designed for Home Helps and potential Home Helps, is being held at the Farnborough Technical College for two terms. Twelve students are attending, six of whom are Home Helps from that area.

To commemorate the 21st Anniversary of the Home Help Service a thanksgiving service was held in Winchester Cathedral in November followed by a Home Help Rally at which long service badges were presented by Dr. John Happel, Chairman of the Health Committee. Nineteen Home Helps received 21-year badges. This year, celebrating 21 years the Rally was a combined effort with neighbouring Authorities and was very well attended. A great spirit of esprit de corps is fostered by such gatherings.

The total number of hours used was 816,963, the equivalent 394 whole time helps.

Excluding the delegated areas 32.1% of householders paid the full charge, 13.8% according to scale, 54.6% the minimum charge and 0.1% received special consideration for a reduced charge. Of the new cases helped 48.2% paid the full charge, 13.8% according to scale and 38% the minimum charge. Of the applications received 59.8% were from the family doctors, 12.6% from the District Nurses and Health Visitors, 16.4% from the Medical Social Workers, 5.2% from statutory organisations, 1.2% from voluntary organisations and 4.8 were personal applications.

The tables on pages 19 and 20 summarise the number of householders and applications received.

Many talks were given to Clubs and Organisations and it is felt that a wider knowledge of the Service and its function has generally increased.

The need for increased recruiting is fully recognised as it is envisaged that the scope of the Home Help will be further widened to embrace the personal care of those who are taken suddenly and acutely sick, of those who are discharged early from Hospital, and others, especially the aged, living alone awaiting hospital admission. Training and mobility with a progressive salary scale will be the keynote to recruiting the right type of Home Help in the future.

The Organisers in the field undoubtedly have periods of physical and mental stress unavoidable in work of such exacting nature. In spite of this they derive pleasure and satisfaction as they visit the homes of those receiving help and gain the knowledge that this very personal and human service, by giving practical assistance, enables so many sick and old people to remain in comfort in their own homes.

Venereal Diseases.

I am indebted to Dr. Warren, Director of the V.D. Services, for the following section:

(a) Wessex Clinics	New Patients				Attendances			
	1966	1967	1968	1969	1966	1967	1968	1969
Southampton	2,325	2,328	2,987	3,299	7,572	8,088	8,969	9,405
Portsmouth	1,402	1,488	1,824	2,236	4,989	4,815	5,155	5,698
Winchester	203	234	267	294	491	568	614	570
Bournemouth	611	758	903	1,159	2,415	2,729	3,192	4,063
Poole	248	319	313	358	854	998	998	1,331
Weymouth	97	87	122	102	464	323	547	314
West Dorset	13	51	31	52	63	219	163	193
Isle of Wight	97	103	146	172	327	377	411	430
Salisbury	113	109	180	259	442	316	608	739
Total ..	5,109	5,477	6,773	7,931	17,617	18,433	20,657	22,743

(b) Adjoining
S.W. Met. R.H.B.
Area Clinics

Aldershot	268	235	251	332	917	635	768	999
Chichester	127	130	141	275	448	472	483	944
Guildford	360	372	370	496	1,301	1,367	1,362	1,697
Total ..	755	737	762	1,103	2,666	2,474	2,613	3,640
Grand Total	5,864	6,214	7,535	9,034	20,283	20,907	23,270	26,383

Syphilis.

The fall in early infectious syphilis noted in 1968 was shortlived. In 1969, 57 (36) cases were seen in the Wessex Clinics. The figures for Southampton remain fairly constant, 28 (24), but at Portsmouth, 13 (5) and Bournemouth, 11 (3) there is a significant increase. In previous years the number of infections acquired overseas exceeded those acquired locally. However, in 1969, 19 overseas infections have to be compared with 22 acquired in the localities of the Wessex Clinics. This is a trend which will have to be closely watched.

Gonorrhoea.

The increasing infections with this disease advance relentlessly, 1,323 (1,271) new cases were seen at the Centres and as usual the incidence of patients under twenty years of age is given:

	Male		Female	
Under 16	..	..	1	14
16-17 years	..	..	18	53
18-19 years	..	..	96	72
Total Incidence ..	254	(258)		

Other Conditions.

6,501 (5,413) cases reported in 1969 and a breakdown of the main conditions under this headline follows:

Non-gonococcal Urethritis—a condition noted in male patients accounted for 1,560 cases. The incidence of this infection has increased ever since notification was first started in 1951. A much higher proportion of urethritis in comparison with male gonorrhoea occurs in Wessex than is noted nationally. For comparison 890 cases of male gonorrhoea were seen. Arthritis can be a troublesome complication of urethritis and was found in 24 of our cases.

In women patients, *Trichomonas*, and *Monilia Vaginitis* are the most commonly encountered ailments. These are included in Other Conditions Requiring Treatment, and 1,725 such cases reported in 1969.

In addition to the provision of diagnosis and treatment facilities, the important aspects of health education and contact tracing continue to receive active attention.

STATISTICS FOR 1969

ANTE-NATAL CLINICS AND RELAXATION CLASSES.

(Position at 31.12.68 shown in brackets)

<i>Ante-Natal Clinics</i>				<i>Relaxation Classes</i>
<i>No. of Women who Attended</i>		<i>No. of Sessions held by</i>		
<i>For Ante-Natal Examination</i>	<i>For Post-Natal Examination</i>	<i>L.H.A. Midwives</i>	<i>G.P's. Employed on Sessional Basis</i>	<i>No. of Women who Attended</i>
546 (783)	13 (12)	259 (340)	51 (51)	3,598 (3,074)

CHILD HEALTH CLINICS.

<i>Year</i>	<i>L.H.A. Clinics</i>		<i>At G.P. Surgery with H.C.C. H.V. Attending</i>		<i>Percentage of Children Born during Year who Attended</i>		
	<i>Average Sessions per Month</i>	<i>No. of Children who Attended</i>	<i>Average Sessions per Month</i>	<i>No. of Children who Attended</i>	<i>L.H.A. Clinic</i>	<i>G.P. Surgery Clinic</i>	<i>Total</i>
1967	534	31,946	180	8,099	69	17	86
1968	539	33,143	244	11,287	67	21	88
1969	542	32,671	270	13,996	68	27	95

DAY NURSERIES.

<i>Year</i>	<i>Number of Nurseries</i>	<i>Number of Approved Places</i>	<i>Average Daily Attendance during Year</i>
1968	2	85	71
1969	2	85	75

CARE OF PREMATURE BABIES.

<i>Weight at Birth</i>	<i>No. Born Alive</i>	<i>Died in First 24 Hours</i>	<i>Died in 1—27 Days</i>	<i>Percentage Surviving Neo-Natal Period</i>		
				1969	1968	1967
2 lb. 3 oz. or less	100	20	20	60	61	21
Over 2 lb. 3 oz.	36	6	7	64	55	59
Over 3 lb. 4 oz.	124	5	6	91	85	86
Over 4 lb. 6 oz.	173	1	5	96	95	96
Over 4 lb. 15 oz.	364	6	4	97	97	94
Total ..	797	38	42	90	89	89

DISTRIBUTION OF NATIONAL WELFARE FOODS.

Distribution Centres.		1967	1968	1969
Child Health Clinics		152	165	152
W.V.S. Centres, Shops, etc. ...		171	179	164
		<u>323</u>	<u>344</u>	<u>316</u>
Issues.				
National Dried Milk (tins)		105,994	79,511	53,162
Cod Liver Oil (bottles)		15,154	13,763	12,850
Vitamin A and D Tablets (packets)		15,673	14,239	12,853
Orange Juice (bottles)		284,040	282,658	308,834

WORK OF HEALTH VISITORS. (Position at 31.12.68 shown in brackets)

		<i>Cases Visited</i>		<i>Total Visits</i>	
1	Children aged up to five years	59,814	(61,209)	187,286	(190,269)
2	Persons aged 65 or over	4,899	(3,150)	15,126	(12,081)
3	Number included in line 2 who were visited at the special request of a G.P. or hospital	3,208	(1,959)	—	(—)
4	Mentally disordered persons	849	(595)	2,081	(1,679)
5	Number included in line 4 who were visited at the special request of a G.P. or hospital	317	(192)	—	(—)
6	Persons, excluding maternity cases, discharged from hospital (other than mental hospitals)	836	(752)	1,411	(1,166)
7	Number included in line 6 who were visited at the special request of a G.P. or hospital	465	(462)	—	(—)
8	Number of tuberculosis households visited	586	(666)	1,399	(886)
9	Number of households visited on account of other infectious diseases	444	(233)	659	(373)
10	Other cases	8,265	(4,450)	1,3933	(11,214)

WORK OF DISTRICT MIDWIVES.

<i>Year</i>	<i>Domiciliary Confinements Attended</i>			<i>No. of cases delivered in hospitals, etc., but discharged to care of District Midwives before tenth day</i>
	<i>Doctor not booked</i>	<i>Doctor booked</i>	<i>Total</i>	
1967	75	3,641	3,716	4,812
1968	39	3,659	3,698	6,218
1969	29	3,173	3,202	7,262

NURSING MIDWIFERY AND HEALTH VISITING SERVICE.

Staff Employed at 31st December, 1969 (position at 31.12.68 shown in brackets).

	<i>Whole-time</i>	<i>Part-time</i>	
		<i>Number</i>	<i>Whole-time Equivalent</i>
Health Visitors/School Nurses ...	131 (121)	14 (3)	6.20 (2.16)
School Nurses	2 (2)	24 (20)	17.35 (13.71)
D.N./Midwife/Health Visitors ...	14 (14)	— (—)	— (—)
District Midwives	40 (40)	5 (6)	3.10 (3.58)
District Nurse/Midwives	97 (104)	8 (8)	4.83 (5.34)
District Nurses	63 (56)	25 (27)	14.26 (15.56)
Clinic Nurses	— (—)	3 (3)	1.12 (1.36)
Total ...	347 (337)	79 (67)	46.86 (41.71)

Administrative Staff Establishment.

County Nursing Officer	1 (1)
Deputy County Nursing Officer	1 (1)
Area Nursing Officers	6 (6)
Assistant A.N.O.s	4 (—)
Hospital Liaison Officer	1 (1)

WORK OF DISTRICT NURSES.

<i>Year</i>	<i>No. of Persons Nursed during Year</i>	<i>Persons Nursed who were aged:</i>			
		<i>Under Five Years</i>		<i>65 Years and Over</i>	
		<i>No.</i>	<i>%</i>	<i>No.</i>	<i>%</i>
1968	14,415	458	3	9,368	65
1969	16,838	454	3	9,799	58

NURSERIES AND CHILD MINDERS REGULATION ACT, 1948.

Number on Register at end of year.

	1966	1967	1968	1969
(a) Premises	115	153	202	238
Number of Places ..	3,175	4,320	5,313	6,550
(b) Child Minders ..	247	250	293	688
Number of Places ..	2,396	2,663	3,148	4,663

NURSING HOMES.

Number Open at End of Year		Beds			Closed	Opened
		Total	Maternity	Others		
1966	34	560	64	496	4	2
1967	37	672	64	608	—	3
1968	36	706	64	642	1	—
1969	38	713	64	649	4	6

VACCINATION AND IMMUNISATION.

Smallpox Vaccinations.

Year	Vaccinations					Re-Vaccinations			Grand Total
	Under 1 Year	1 Year	2—4 Years	5—15 Years	Total	2—4 Years	5—15 Years	Total	
1967	779	8,046	2,591	739	12,155	311	1,984	2,295	14,450
1968	478	8,234	2,834	832	12,378	337	2,490	2,827	15,205
1969	288	7,074	2,758	758	10,878	366	2,633	2,999	13,877

Measles Vaccinations

	Under 1 Year	1 Year	2 Years	3 Years	4—7 Years	8—16 Years	Total
1968	120	1,997	2,404	2,399	9,582	814	17,296
1969	29	2,756	3,599	2,610	4,590	4,614	18,198

Diphtheria, Whooping Cough, Tetanus and Poliomyelitis.

Completed Primary Courses for children under 16 years during the year ending 31st December, 1969.

Vaccine	Year of Birth					Others Under 16	Total
	1969	1968	1967	1966	1962-65		
Quadruple: (Diphtheria, Whooping Cough, Tetanus, Polio)	—	—	—	—	—	—	—
Triple: (Diphtheria, Whooping Cough, Tetanus)	1,249	7,526	1,081	192	268	81	10,397
Diphtheria/Tetanus	15	108	106	70	176	158	633
Diphtheria only	—	—	—	—	1	—	1
Polio—Salk	—	5	1	—	—	—	6
Polio—Sabin	1,102	8,099	1,316	302	489	279	11,687
Total—Diphtheria ..	1,264	7,634	1,187	262	445	239	11,031
Total—Whooping Cough	1,249	7,526	1,081	192	268	81	10,397
Total—Tetanus	1,264	7,634	1,187	262	444	239	11,030
Total—Polio	1,102	8,104	1,317	302	589	279	11,693

Reinforcing doses for children under 16 years during the year ending 31st December, 1969.

Vaccine	Year of Birth					Others Under 16	Total
	1969	1968	1967	1966	1965		
Quadruple: (Diphtheria, Whooping Cough, Tetanus, Polio)	—	—	—	—	—	—	—
Triple: (Diphtheria, Whooping Cough, Tetanus)	29	1,510	3,864	727	3,142	1,290	10,562
Diphtheria/Tetanus	9	127	507	234	8,354	4,780	14,011
Diphtheria only	—	—	—	—	25	16	41
Polio—Salk	—	—	1	—	—	—	1
Polio—Sabin	21	799	1,919	579	11,525	5,239	20,082
Total—Diphtheria	38	1,637	4,371	961	11,521	6,086	24,614
Total—Whooping Cough	29	1,510	3,864	727	3,142	1,290	10,652
Total—Tetanus	38	1,637	4,371	961	11,496	6,070	24,573
Total—Polio	21	799	1,920	579	11,525	5,279	20,083

Acceptance Rates Primary Courses completed by 31st December, 1969.

(See note on page 17 about Rates for 1968 and 1969.)

Vaccine	1967	1966	1965
Triple (Diphtheria, Whooping Cough, Tetanus)	97%	94%	90%
Polio	89%	91%	87%

AMBULANCE SERVICE.

Year	Ambulance Service		Ambulance Car Service		Totals		Railway Transport	
	Miles	Patients	Miles	Patients	Miles	Patients	Miles	Patients
1968	1,435,117	174,709	2,241,369	201,950	3,676,486	376,659	51,441	742
1969	1,485,152	172,542	2,394,385	209,812	3,879,537	382,354	35,067	585

Classification of patients carried by Ambulance Service vehicles.

Year	Road Accidents	Other Accidents	Sudden Illness	Maternity	Mental	Infections	Other Cases	Total
1968	4,447	2,560	4,208	3,730	628	260	158,876	174,709
1969	4,910	2,928	4,254	2,977	650	343	156,480	172,542

TUBERCULOSIS STATISTICS.

Deaths from Pulmonary and Non-Pulmonary Tuberculosis.

Year	Pulmonary		Non-Pulmonary	
	No.	Rate per 100,000 Population	No.	Rate per 100,000 Population
1967	26	2.8	2	0.2
1968	18	1.2	6	0.6
1969	10	1.0	12	1.2

HOME HELP SERVICE—SUMMARY OF WORK 1969

Division	Applications Received in 1969			Total New Cases Assisted	Good Neighbour Scheme	
	Total	No. Assisted	Help Not Required	Advanced Bookings for 1969	New Cases	Total Assisted
I Aldershot M.B. Farnborough U.D. Fleet U.D. and Hartley Wintney R.D.	576	381	185	10	2 1 2	2 2 7
II Farnham U.D. VI Eastleigh M.B. Romsey M.B. and Romsey & Stockbridge R.D.	264 228	188 138	67 75	9 15	9 — —	9 1 5
V Christchurch M.B. Lymington M.B. Ringwood & Fordingbridge R.D. New Forest R.D.	557	361	180	16	3 4 5	3 7 8
VI Alton U.D. and R.D. Petersfield U.D. and R.D. Droxford R.D.	292	161	117	14	4 8 6	10 21 11
VII Basingstoke M.B. Basingstoke R.D. VIII Winchester City Winchester R.D. Andover M.B. and R.D. Kingsclere & Whitchurch R.D.	253 591	157 355	86 199	10 37	2 5 5 1 9 10 5	9 7 5 2 14 15 8
Sub-Total	2,761	1,741	909	111	81	146
III Gosport M.B. IX Havant & Waterloo U.D.	2,761 2,786	1,741 1,725	909 962	111 99	81 54	146 110

*Figures in parentheses represent 1968.

HOME HELP SERVICE—CASES ASSISTED 1969

Division	Short-Term				Mentally Disordered	Special	Long-Term			Total 1969	Total 1968
	Maternity	Emergency Sickness	Post-Hospital	Child Care			Chronic Sick	Tuberculosis	Aged Sick and Infirm (65 years and over)		
I Aldershot M.B. Farnborough U.D. Fleet U.D. and Hartley Winney R.D.	68	32	58	1	1	—	69	—	499	728	706
II Fareham U.D.	43	16	23	—	4	—	28	—	335	449	459
IV Eastleigh M.B. Romsey M.B. and Romsey & Stockbridge R.D.	29	4	21	—	1	—	28	—	322	405	410
V Christchurch M.B. Lymington M.B. Ringwood & Fordingbridge R.D.	39	28	41	—	2	1	78	1	638	828	839
New Forest R.D. VI Alton U.D. and R.D. Petersfield U.D. and R.D. Droxford R.D.	24	20	16	—	1	—	35	—	323	419	408
VII Basingstoke M.B. and R.D. VIII Winchester City and R.D. Andover M.B. and R.D. Kingsclere & Whitechurch R.D.	39	9	26	5	3	1	38	—	282	403	393
	85	16	42	2	3	4	76	—	626	854	839
Sub-Total 1969	327	125	227	8	15	6	352	1	3,025	4,086	4,054
Sub-Total 1968	379	124	190	14	24	12	303	4	3,004	—	—
III Gosport M.B. IX Havant & Waterloo U.D.	20		68		—	—		50	445	583	587
	85		71		6	—		67	581	810	715
Total 1969	432		499		21	6		470	4,051	5,479	5,356
Total 1968	477		454		28	12		407	3,978		

THE SCHOOL HEALTH SERVICE

Medical Inspection.

There was again a reduction in the number of inspections of leavers and, as from January 1st 1970, the special inspection of this group has been discontinued. They now receive special consideration at the Selection Visits, a medical history questionnaire being sent to their parents.

TABLE 1 PERIODIC MEDICAL INSPECTIONS

Age Groups Inspected (by years of birth)	Number of Pupils Inspected	Physical Condition of Pupils Inspected			
		Satisfactory		Unsatisfactory	
		Number (3)	% of Col. 2 (4)	Number (5)	% of Col. 2 (6)
(1)	(2)				
1965 and later	19	19	100.00	—	—
1964	3,644	3,643	99.97	1	0.03
1963	11,185	11,172	99.88	13	0.12
1962	1,845	1,843	99.89	2	0.11
1961	575	574	99.83	1	0.17
1960	415	415	100.00	—	—
1959	273	273	100.00	—	—
1958	215	215	100.00	—	—
1957	327	327	100.00	—	—
1956	241	241	100.00	—	—
1955	224	224	100.00	—	—
1954 and earlier	3,965	3,965	100.00	—	—
Total	22,928	22,911	99.93	17	0.07

There was a continuation of the reduction observed every year in the number of children classified by the examining medical officers as of "unsatisfactory physical condition" (Table 1). Indeed, no child born before 1961 was so classified.

TABLE 2
PUPILS FOUND TO REQUIRE TREATMENT AT PERIODIC MEDICAL INSPECTIONS
(excluding Dental Diseases and Infestation with Vermin)

Age Groups Inspected (by years of birth)	Number of Pupils Inspected	For Defective Vision (excluding Squint)		For any other conditions recorded in Table 4		Total Individual Pupils	
		Number (3)	% of Col. 2 (4)	Number (5)	% of Col. 2 (6)	Number (7)	% of Col. 2 (8)
(1)	(2)						
1965 and later	19	—	—	1	5.3	1	5.3
1964	3,644	87	2.4	372	10.2	441	12.2
1963	11,185	288	2.6	1,179	10.0	1,425	12.8
1962	1,845	52	2.8	182	9.9	225	12.2
1961	575	19	3.3	66	11.4	84	14.6
1960	415	13	3.1	50	12.0	59	14.2
1959	273	10	3.7	28	10.3	37	13.6
1958	215	9	4.2	30	13.9	36	16.7
1957	327	12	3.7	17	5.2	29	8.9
1956	241	12	5.0	15	6.2	26	10.8
1955	224	9	4.0	14	6.3	22	9.8
1954 or earlier	3,965	71	1.8	107	2.7	170	4.3
Total	22,928	582	2.54	2,061	8.99	2,555	11.14

TABLE 3 OTHER INSPECTIONS

Number of Special Inspections	..	..	8,084
Number of Re-inspections	..	..	24,469
Total	..	..	32,553

The number of children selected for special inspection was a little lower than last year, but there was a large increase in the number of children undergoing re-examination. On the whole I have discouraged excessive re-examination on the ground that the opportunities for discussing the health and progress of individual children at the Selection Visits diminish the necessity for re-examination. Much of this increase took place in Havant where an improvement in medical staffing during the year permitted the re-examination of an accumulated number of children marked for observation in previous years. It would seem from Table 4 (which, however, relates to defects, not children) that during 1969 a considerably smaller proportion than in the previous year were referred for further observation.

Table 4 indicates the findings at School Medical Inspection under the headings of the standard School Medical Record Card. In this connection, I would mention that this record card, which is national and has been in use for over twenty years, is in process of revision. A revised draft was in use by a few Local Education Authorities, including Hampshire, during 1969 to test out its suitability.

In general, Table 4 indicates a continuing improvement in school-children's health in terms of the numbers of defects found requiring treatment or observation. An exception to this is that, at the medical inspection of entrants, more children were found with otitis media and defective hearing than in 1968. The figures for 1968 were however exceptionally low.

TABLE 4

**ANALYSIS OF DEFECTS FOUND AT PERIODIC AND SPECIAL INSPECTIONS IN THE
YEAR ENDED 31st DECEMBER, 1969**

Defect or Disease	PERIODIC INSPECTIONS—AGE GROUPS												SPECIAL INSPECTIONS			
	Entrants No. 14,884				Leavers No. 3,900				Others No. 4,144				Total No. 22,928			
	No. of Defects				No. of Defects				No. of Defects				No. of Defects			
	Requiring Treatment	Incidence per 1,000	Requiring Observation	Incidence per 1,000	Requiring Treatment	Incidence per 1,000	Requiring Observation	Incidence per 1,000	Requiring Treatment	Incidence per 1,000	Requiring Observation	Incidence per 1,000	Requiring Treatment	Incidence per 1,000	Requiring Observation	Incidence per 1,000
Skin ..	124	8.3	582	39.1	22	5.6	85	21.8	42	10.2	138	33.3	188	8.2	805	35.1
Eyes—(a) Vision ..	385	25.9	1,016	68.2	59	15.1	118	30.3	138	33.3	265	63.9	582	25.4	1,399	61.0
(b) Squint ..	149	10.0	308	20.7	2	0.5	3	0.8	33	8.0	67	16.2	184	8.0	378	16.5
(c) Other ..	18	1.2	96	6.4	4	1.0	9	2.3	4	1.0	18	4.3	26	1.1	123	5.4
Ears—(a) Hearing ..	213	14.3	1,668	112.1	1	0.3	35	9.0	15	3.6	316	76.3	229	10.0	2,019	88.0
(b) Otitis Media ..	63	4.2	771	51.8	1	0.3	9	2.3	4	1.0	126	30.5	68	3.0	906	39.5
(c) Other ..	36	2.4	231	15.5	1	0.3	10	2.6	3	0.7	53	12.8	40	1.7	294	12.8
Nose and Throat ..	219	14.7	2,166	145.5	16	4.1	79	20.3	45	10.9	436	105.2	280	12.2	2,681	116.9
Speech ..	182	12.2	688	46.2	—	—	13	3.3	23	5.6	88	21.3	205	8.9	789	34.4
Lymphatic Glands ..	32	2.1	723	48.6	1	0.3	8	2.5	4	1.0	122	29.5	37	1.6	853	37.2
Heart ..	46	3.1	314	21.1	—	—	12	3.1	5	1.2	62	15.0	51	2.2	388	16.9
Lungs ..	50	3.4	542	36.4	2	0.5	44	11.3	6	1.4	130	31.4	58	2.5	716	31.2
Developmental—(a) Hernia ..	25	1.7	58	3.9	—	—	—	—	7	1.7	7	1.7	32	1.4	65	2.8
(b) Other ..	62	4.2	575	38.6	2	0.5	44	11.3	17	4.1	141	34.0	81	3.5	760	33.1
Orthopaedic—(a) Posture ..	47	3.2	135	9.1	6	1.5	17	4.4	26	6.3	37	8.9	79	3.4	189	8.2
(b) Feet ..	267	17.9	454	30.5	10	2.6	53	13.6	61	14.8	103	24.8	338	14.8	610	26.6
(c) Other ..	43	2.9	266	17.8	9	2.3	45	11.5	6	1.5	83	20.1	58	2.5	394	17.2
Nervous System—(a) Epilepsy ..	5	0.3	55	3.7	1	0.3	9	2.3	2	0.5	17	4.1	8	0.3	81	3.5
(b) Other ..	14	0.9	141	9.5	5	1.3	42	10.8	3	0.7	41	9.9	22	1.0	224	9.7
Psychological—(a) Developmental ..	45	3.0	283	19.0	1	0.3	3	0.8	24	5.8	59	14.2	70	3.0	345	15.0
(b) Stability ..	154	10.3	847	56.9	3	0.8	37	9.5	34	8.2	214	51.6	191	8.3	1,098	47.9
Abdomen ..	45	3.0	192	12.9	5	1.3	14	3.6	10	2.4	52	12.6	60	2.6	258	11.2
Other ..	49	3.3	377	25.3	2	0.5	17	4.4	14	3.4	67	16.2	65	2.8	461	20.1
Menstruation ..	—	—	—	—	17	*4.4	83	*21.3	1	*0.2	10	*2.4	18	*0.8	93	*4.0
Total Defects ..	2,273	152.8	12,488	839.0	170	43.6	789	202.3	527	127.2	2,652	639.9	2,970	129.6	15,929	694.7
													952	117.8	3,807	470.9

* The Rates per 1,000 girls are approximately double the figures shown.

TABLE 5

ANNUAL VISION TESTING

Number of children with normal vision	..	..	..	124,536
For re-test	..	..	..	6,793
Referred to School Medical Officer or Eye Clinic	..	..	..	3,441
				134,770

Once again achievement has fallen short of intention in that only 77.6% of children had their vision tested during the year. I have commented previously on the inadequacy of school nursing time for this purpose.

TABLE 6

COLOUR VISION (Boys in 1st Year of Secondary School only)

Total tested	..	..	..	8,095
Total defective	..	..	..	399
Percentage defective	..	..	..	4.93%

The investigation into colour vision defect in younger children as a possible educational handicap, to which I have made reference in previous reports, was continued during 1969. A colour discrimination test for C.V.D. in five-year olds has been evolved, and in the spring term 250 five-year olds and 250 six-year olds were tested: the latter were tested also by the standard Ishihara test, and the former has subsequently been so tested as they have become old enough. The five-year old test appears to be a valid screening-test at this age. It has not proved feasible up to the present to demonstrate statistically that colour vision defect results in any lasting educational handicap; though the conclusion appears inescapable that the extensive use in infant schools of teaching materials which are designed to help children through the use of colour, must inevitably put the colour-vision defective child at a disadvantage. A study of the performance of secondary school children with colour vision defect, with matched controls, using an attainment test, was commenced towards the end of the year with the help of Dr. Lowenstein, Senior Education Psychologist. The whole colour vision investigation is approaching completion, and a decision will need to be made as to whether colour vision testing should be introduced into the Infant Schools.

TABLE 7

INCIDENCE OF SQUINT FOUND PER 1,000 SCHOOL ENTRANTS AT PERIODIC MEDICAL INSPECTIONS

Year	Referred for		Total
	Treatment	Observation	
1964	9.4	24.3	33.7
1965	9.7	25.2	34.9
1966	11.2	21.6	32.8
1967	17.8	21.2	39.0
1968	10.7	24.1	34.8
1969	10.0	20.7	30.7

Table 7 shows a further reduction in squint as diagnosed or suspected at school medical inspection. I have however commented in previous reports that many of these cases are not confirmed on investigation at the Eye Clinics; and because of the problem of maintaining adequate staffing of the clinics there is also considerable fluctuation in the numbers of children diagnosed with squint at the clinics, so that the true incidence is not known.

TABLE 8

SUMMARY OF WORK OF SCHOOL EYE CLINICS

	<i>New Cases</i>	<i>Re-Examinations</i>	<i>Total 1969</i>	<i>Total 1968</i>
Number of Children seen	2,171	2,453	4,624	5,177
Total Attendances	2,171	3,562	5,733	6,090
Glasses ordered for first time	771	515	1,286	1,250
Lenses changed	—	1,122	1,122	1,293
Glasses discontinued	—	7	7	22
Recommended for orthoptic treatment ..	—	—	21	20
Referred for advice re operative treatment	—	—	33	69

The Clinic at Andover remained closed throughout the year because no Ophthalmologist could be found. Parents of children found to require investigation or treatment were advised to refer them to the General Ophthalmic Services or to Hospital Eye Departments. The Clinics at Christchurch and Lymington which had to be closed throughout 1968 were eventually opened in December 1969 upon the appointment of Dr. M. A. Ahmed to conduct one session weekly at each.

The number of children seen in the school eye clinics fell once again owing to these clinics being closed. The number of new cases however was a little higher than last year and it appears that the ophthalmologists in charge of the clinics have pursued a policy of either delaying re-examination or referring children, after initial examination and provision of spectacles, to the general ophthalmic services for subsequent re-examination. The shortage of ophthalmologists in clinics is a national one, and this solution has been widely advocated.

Audiometry and Hearing Defects.

In 1969 pure tone audiometric testing of selected children referred by the School Medical Officers from School Medical Inspection and by Head Teachers was continued, and the results are shown in Table 9 below.

TABLE 9

AUDIOMETRY

<i>Age</i>	<i>No. of Children Tested for the First Time</i>	<i>No. of Re-Tests</i>	<i>Children newly found to have Hearing Loss</i>
5	2,888*	182	416
6	1,497	691	567
7	745	924	217
8	557	700	185
9	280	459	96
10	174	261	56
11	212	211	63
12	204	189	59
13	88	133	33
14	32	95	16
15	36	75	18
16	12	28	3
17	6	4	1
Total	6,731	3,952	1,730

*This figure includes 2,196 children in the Havant Delegated Area, where routine sweep testing of "entrants" is undertaken.

The figure (1,730) for children newly found to have a hearing loss represents 1.10% of the school population: the corresponding figure in 1968 was 0.82%. The latter was an exceptionally low figure; not surprisingly, the audiometric findings tend to parallel the entrant medical inspection findings of hearing-loss and otitis media, to which reference has been made above. The hearing testing of certain special groups of school children was continued as previously:

Children with cerebral palsy: 10 were tested and all were found to have normal hearing.

Children with speech defects: 237 were tested for the first time and 36 had a hearing loss.

Children with hearing aids of whom there were 162 in 1969 in ordinary schools.

Educational Services for Children with Impaired Hearing.

I am indebted to the County Education Officer for the following report by Mr. F. D. Priddle—Senior Peripatetic Teacher of the Deaf.

“Provision and Staff.

The Peripatetic staff for children of school age consists of one senior teacher and two assistants who each cover an area of the County.

The Nursery Unit provision for six children at *Wicor Infant School, Portchester*, is fully occupied. One full-time specialist teacher and a nursery assistant are employed there for three days each week. The same teacher also teaches the parents of these children how to promote listening acuity and language development in their homes on the other two days of each week. Additional parent counselling is available from the Senior Peripatetic Teacher at the request of the Unit Teacher.

Similar support is given to the other two unit teachers at Farnborough and Fareham.

At *Cove Manor Junior School, Farnborough* there is a unit which caters for the needs of six children of junior age and two children of infant age. All these children receive help in the development of communication skills from a specialist teacher who is employed there full-time. For other subjects these children attend normal classes, four of them in the Junior School, two in the Infant School and two (at the parents' expense) in a private school. The specialist teacher is also responsible for advising the Head Teachers and their staffs regarding the hearing difficulties of their pupils. He also undertakes some teaching in the Junior School.

On the school campus at *Wallisdean, Fareham* a unit attached to the Junior School is similarly organised. It affords support to five infant children, 11 junior children and six secondary children. All these children attend the appropriate schools on the campus. The full-time specialist teacher can no longer afford to spend time in class teaching in the normal school.

It was originally conceived that peripatetic and unit work would be complementary to each other with the unit teacher providing regular support teaching for the most needy children in an area whilst the peripatetic teacher maintains liaison with the Medical and other Educational Services for all cases in the area, and with the class teachers and parents of those children not in units. This ideal has been lost in the face of practical difficulties and the routine objective reassessment of unit children is often neglected.

During ten years several facts have emerged which would suggest that reappraisal of the system and rationalisation of functions are necessary in order to improve the educational service.

Review of the Situation.

A significant proportion of profoundly deaf children continue to make good educational, emotional and social progress within the normal educational framework. Other children, whose disabilities appear to be equally straightforward or even less severe, give rise for concern because of the lack of support that can be marshalled either at home and/or at school.

In the more urban areas, support at the normal school has been organised in the form of units; in the rural areas, many children are given additional help by the generosity of their teachers. Unfortunately, in some schools far removed from units, the size of classes and the needs of other pupils make regular additional help impracticable. As weekly specialist teaching requires considerable support, success in these cases is dependent upon exceptionally good homes. It is regrettable that in these very areas where most help is needed that peripatetic staff have to devote more of their energies to assessment of a clinical type and cannot offer more frequent support to the child and his parents.

During 1969, 26 children with hearing aids were seen weekly by the peripatetic teachers, another 43 were being seen regularly and another 54 were being reviewed from time to time. The corresponding figures for children not issued with hearing aids were 4, 3 and 85 respectively. The total figure of 215 children probably represents quite closely the number of children in need of some form of special supervision. In addition 164 children were visited in schools and an even larger unrecorded number were seen in clinics during a process of elimination of special educational needs.”

TABLE 10
AUDIOLOGY CLINICS

	Commenced October, 1969												Commenced October, 1969																																															
	ALDERSHOT												BASINGSTOKE												FAREHAM												HAVANT												WINCHESTER											
	Pre-School				School Children				Adults				Pre-School				School Children				Pre-School				School Children				Pre-School				School Children				Pre-School				School Children																			
	New	Re-Ex.	5	7	New	Re-Ex.	5	9	New	Re-Ex.	1	1	New	Re-Ex.	22	20	New	Re-Ex.	13	13	New	Re-Ex.	2	2	New	Re-Ex.	13	13	New	Re-Ex.	2	2	New	Re-Ex.	1	1	New	Re-Ex.	34	37																				
No. of Cases	2	5	5	5	5	5	9	—	—	1	1	4	4	4	4	22	20	2	2	13	13	2	2	2	2	13	13	—	—	13	13	—	—	1	1	34	37																							
No. of Attendances	2	5	5	5	5	5	9	—	—	1	1	4	4	4	4	22	30	2	2	13	13	2	2	2	2	13	13	—	—	13	13	—	—	1	1	34	44																							
Recommended Hospital Treatment	—				5				—				1				6				1				4				1				3				22																							
Recommended Hearing Aids	1				—				—				1				1				—				—				—				3				2																							
Referred to Other Specialists	—				—				—				—				—				1				1				—				—				—																							
Recommended S.E.T.	—				1				—				—				—				—				—				—				—				—				—																			
Discharge	1				—				—				1				13				2				13				—				8																											

School Speech Therapy Service.

Report by Mr. A. P. Tolfree, Chief Speech Therapist:

“The approved staffing establishment at the beginning of the year was the equivalent of 8½ whole-time speech therapists, this total including one for speech therapy services covering the Junior and Adult Mental Health Centres. The actual staff employed was 7. Thus there was a shortage of 1½ therapists. There was an approved increase in establishment on 1st October of 8/11^{ths}. At the close of the year the number of speech therapists was short of the increased approved establishment by nearly 2. The actual number of speech therapists on the staff at the end of the year was 3 whole-timers and 9 part-timers.

School Speech Clinics were held regularly at Aldershot, Alton, Andover, Basingstoke, Christchurch, Gosport, Fareham, Havant, Hedge End, Hythe, Lymington, Petersfield, Southampton, Winchester and Yateley. Speech therapy was also provided at Lankhills E.S.N. Residential School, Winchester; The Rosemary Portal Residential School, Compton, Winchester; and the Diagnostic Unit, also at Compton. Speech Therapists continued to visit the E.S.N. Day Schools at Andover, Farnborough and Gosport and arrangements were made for provision of speech therapy at the Popley Merton Unit. At the end of the year arrangements were being made for a School Speech Clinic to be opened at Romsey to replace, in part, the one at Southampton which was to be closed down.

The total number of children discharged during the year showed a decrease when compared with the total for the previous year. This was due to greater pressure generally and consequent slowing down of rate of treatment. There are still far too many children on the waiting lists and requests for treatment for speech defective children by their parents are steadily becoming more demanding, occasionally putting unfair strains on the speech therapists who happen to be working where waiting lists are longest. Only the availability of more speech therapists will overcome this problem and, as new Health Clinics are built, provision of adequate accommodation to cope with the growing demands on the Service arising out of the ever increasing rise in the population. To have more therapists available but insufficient accommodation in which to hold clinics would cause even more frustration than is experienced at present.

During the year talks were given by the Chief Speech Therapist and his colleagues at Careers Courses, to Parents' Associations, etc. Student Speech Therapists and intending ones were welcomed at the Speech Clinics to observe the work.”

TABLE 11
SPEECH CLINICS

Clinic sessions held	..	..	..	..	..	..	2,673
Consultations	..	..	..	..	..	..	603
Treatments	..	..	..	..	..	..	11,452
New cases referred during the year	..	..	..	..	..	..	683
Cases treated:							
(a) New cases commencing during the year	..	..	..	..	..	519	
(b) Continued from 1968	..	..	..	..	..	883	
						—	1,402
Children discharged	..	..	..	..	..	..	483
Number on Register 31.12.69:							
(a) Under treatment	..	..	..	..	..	852	
(b) Awaiting treatment after consultation	..	..	..	..	..	67	
						—	919
Waiting list (awaiting consultation) on 31.12.69	..	..	..	..	..	..	290

TABLE 12
SPEECH CLINICS

Children discharged—Results of treatment.

Reason for Discharge	No improvement	Improved	Speech Satisfactory
Found unsuitable for treatment	3	1	—
Failure to continue attendance	25	47	18
No further response anticipated	2	47	223
Left school	2	39	1
Left district	17	54	4
Total	49	188	246

Grand Total Discharged .. 483

TABLE 13
SPEECH THERAPY

The following table shows the number of boys and girls under treatment (including those awaiting treatment after consultation) on 31.12.69 by Speech Therapists for each type of defect.

<i>Defect</i>	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Dyslalia	400	156	556
Dysarthria	3	—	3
Stammer	63	20	83
Cleft Palate.. .. .	16	9	25
Delayed Speech Development ..	79	51	130
Dual defects	32	10	42
Others	50	30	80
Total ..	643	276	919

Child Guidance Service.

Dr. Hadfield, Consultant Child Psychiatrist, reports as follows:

“The service has undergone a number of changes in the past year in an effort to provide improved facilities for families with disturbed children, adolescents or family relationships. Unfortunately, the service’s efforts still fall well below the standard which the professional staff consider even minimally desirable, and the growth of the population, particularly the child population, increases beyond our ability to cope adequately.

This situation led to the setting up of a Working Party by the Wessex Regional Hospital Board under the Chairmanship of Dr. Mary Capes, to assess the psychiatric needs of the Hampshire area, and at the same time the Management Services Section of the Hampshire County Council has been studying the service provided by the Local Authority.

Reports and recommendations from both these studies are expected early in 1970.

It has still not been possible for the service to provide cover for the Remand Homes and Approved School by a Consultant Child Psychiatrist, although it is generally agreed that this is desirable.

The Educational Psychologists are also finding difficulty in providing the essential psychological assessment of the child and young person in the Remand Homes.

Staffing.

In May, Dr. Zinna was appointed by the Wessex Regional Hospital Board as Consultant Child Psychiatrist in the Bournemouth area, and two of his sessions were allocated to the Christchurch Clinic. This was additional to our existing establishment of consultant psychiatric time and enabled better use to be made of psychiatric time by the reduction in travelling. In order to facilitate the administration of the Christchurch Clinic, a part-time clerk was appointed in that area and all day-to-day administration now takes place locally.

We have been very fortunate in being able to appoint four Social Workers, and two of these, Miss Castle and Mr. Palmer, are the first of our seconded students to take up full-time work with the service as qualified Psychiatric Social Workers. Mrs. Casswell, who trained at Southampton University, was appointed as a part-time Psychiatric Social Worker in the Christchurch area, and Mrs. Bell came to us from Child Care as part-time Social Worker in the Basingstoke area.

Mr. Kendall was appointed as Educational Psychologist, and Mr. Russell as a Psychologist in training with us.

Unfortunately, two of our Social Workers, Mrs. Hampson and Miss Colwill left the service, both for personal reasons.

Accommodation.

During the year we moved into our purpose built headquarters clinic in Tanner Street, Winchester. This certainly provides facilities for much improved clinical service and the premises offer to both patients and clinic staff an attractive and suitable place to work. Concern is, however, felt for the accommodation for the increasing needs of the clerical staff.

Many of the peripheral clinics continue to cause real concern as regards accommodation, and in the Christchurch area the clinic premises were considered to be so unsuitable that arrangements were made for the Child Guidance Clinics to be held in the Chest Clinic at the hospital.

There is little doubt that both patients and staff benefit from the provision of accommodation which is designed for the work involved, and more efficient and effective clinical work can be carried out.

Conclusion.

It is without question that a well-staffed and efficient service attracts professional staff of the calibre we wish to see in the Hampshire Child Guidance service. At the present time the service cannot be seen in this light and is failing in its essential functions of adequate diagnosis and treatment, as well as in the consultative and training fields. It is to be hoped that as a result of the reports of the Regional Hospital Board Working Party and the Management Services Study, the means by which the staff can offer a reasonable service will be provided.”

TABLE 14
CHILD GUIDANCE SERVICE

New cases referred during the year	887
Old cases re-opened	87
	974
Reasons for Referral	
Behaviour disorders	594
Habit disorders	121
Educational and vocational advice	93
Nervous disorders	76
Failing to attend school	37
In need of care or protection	25
Breach of recognisance	18
Miscellaneous	10
	974

School Psychological Service.

Dr. L. F. Lowenstein, Senior Educational Psychologist, reports as follows:

“ Introduction.

The past year has shown a steady growth in the School Psychological Service in Hampshire. Thanks are due to the support of the County Education Officer, the County Medical Officer and their staffs and other Departments who have been active in helping the Service towards fulfilling its goals.

A congenial relationship continues with our colleagues, the psychiatrists and psychiatric social workers, with whom we work on child guidance cases. The clerical staff although very hard pressed has made valiant efforts to keep up with the numerous demands made upon it.

As a result of the growth of the service, greater confidence that children will be seen quickly has resulted in more referrals during this year than at any previous time. There has also been a greater call on the lecturing services of the School Psychological Service in various parts of Hampshire to teachers, parents, students, G.P.'s, social workers and other bodies.

Organisation and Referrals.

The present staffing of areas, their approximate school populations, referrals and waiting lists are given in the following table.

TABLE 15

<i>Psychologist</i>	<i>Catchment Areas</i>	<i>No. of School Children Jan. 1969</i>	<i>Seen</i>	<i>Waiting List</i>	<i>Totals Referrals</i>
(a) Miss Waller, M.Sc., B.A.	Winchester, Eastleigh and surrounding areas	24,103	348	312	660
(b) Mr. Stevens, B.Sc. Mrs. Kaplin (2 sessions)	New Forest, Totton and Waterside	24,140	280	100	380
(c) Mr. Hawkhead B.A., Dip.Psych.	Gosport, Fareham and surrounding area	25,904	250	85	335
(d) Mr. Dalais B.A., Dip.Psych.	Havant and surrounding area	25,054	421	398	819
(e) Mr. Kendall, B.A., Dip. Psych.	Aldershot, Farnboro', Fleet and East Hampshire	23,283	312	210	522
(f) Dr. J. D. Cummings, Ph.D. (6 sessions)	Andover, Tidworth, Romsey and surrounding area	12,754	323	147	470
(g) Basingstoke covered from other areas	Basingstoke and surrounding areas and parts North and North East Hants	16,273	81	185	266
		Total	2,015	1,437	3,452

A full complement of psychologists up to the establishment for the School Psychological Service has helped to improve the situation of few hands and many needs. Each major area with the exception of Basingstoke is now staffed by a psychologist but each area has already grown sufficiently in school population to require additional staff, as well as much better auxiliary support from clerical staff if a fully effective service is to be provided.

As the table 15 shows total referrals of cases seen and re-referrals for 1969 were 2,015 which represents an increase of 20 per cent compared with the previous year's total of 1,739. As in previous years the main source of referrals came from schools and from various medical sources; a full analysis of the sources of referral is given in table 17.

The difference between the total number of children referred to the School Psychological Service and the number seen is only too apparent and disturbing especially to the members of the Service. The members of the School Psychological Service are in the constant predicament of having to decide whether to give priority to "quality" i.e. number of children diagnosed and treated, or to "quantity" i.e. number of children seen. In most cases, in order to do justice to the children referred, several consultations between psychologists, parents, child and school are required before a valid diagnosis can be made. This should then be followed up by some form of treatment for the diagnosed condition. In some cases, urgent referrals for assessment for special educational placement or for vital support for parents, children or teachers have to take priority over seeing the many children already waiting to be seen.

In addition to the increased demand on psychologists to see children of school age, there has been an increase in referrals from pre-school children, private schools, remand homes, children's homes and from adults.

Furthermore the number of referrals and consequently the waiting lists can be expected to grow rapidly in the light of the school population increase shown in the table below.

TABLE 16
SCHOOL POPULATION GROWTH IN RECENT YEARS

Jan. 1966	..	..	..	..	133,038
Jan. 1967	..	..	..	..	139,376
Jan. 1968	..	..	..	..	147,697
Jan. 1969	..	..	..	..	155,646
Jan. 1970	..	..	..	..	163,436

This table indicates that if present rate of school population growth continues and if allowance is made for the raising of the school leaving age in 1972/73 then by 1974 it can be anticipated that the school population of the administrative county will be in the region of 200,000.

Surveys and Investigations.

A Survey has been carried out in all schools to assess the number of pupils in the various categories who, Heads feel, have the most urgent need of help from the School Psychological Service and the information gathered from this inquiry has been helpful both in planning the work of the Service and in the assessing of priorities for the development of special education provision. Another survey was also sent to Headteachers asking for their assessment of the qualifications and experience which they would most value in educational psychologists and how the service might be further improved. The results were of interest to the British Psychological Society and were published by them. The replies to this underlined the extent to which Heads of schools value a period of teaching experience as well as appropriate qualifications for educational psychologists.

Collaboration continues with the Medical Department on research involving the effects of colour-vision defects on attainment.

In-Service Training for Teachers and General Lecturers.

The increase in demands for this work has been encouraging, although time-consuming. It results in some, but not enough, preventive work being carried out by communicating at early stages advice directed to those who require it, and by obtaining from such meetings referrals through the personal contact with the members of the audience. Each psychologist, despite many commitments, has given time generously to lecturing to teachers and parents and a series of courses was carried out to acquaint teachers with the use of both group and individual testing of children. It is hoped that it will be possible by encouraging teachers to use this knowledge to screen children to improve the efficiency of the service by leaving the Psychologists more time to see the most demanding cases.

Analyses of Referrals.

TABLE 17
MAIN SOURCES OF REFERRAL

Source of Initial Direct Referral					Boys	Girls	Totals
Head Teacher	..	..	..	..	751	286	1,037
Psychiatrist or P.S.W.	..	..	..	..	144	26	170
S.M.O., G.P., C.M.O., Paediatrician	..	..	..	..	240	104	344
Court..	..	..	..	..	93	43	136
C.E.O.	..	..	..	..	89	52	141
Parent	..	..	..	..	106	44	150
Children's Dept.	..	..	..	..	24	8	32
Probation Officer	..	..	..	..	3	2	5
Total	..	..	..	..	1,450	565	2,015

TABLE 18
MAJOR SINGLE REASON FOR REFERRAL

<i>Reasons for Referral</i>	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Assessment and re-assessment	689 (589)	251 (150)	940 (739)
Educational Advice	41 (51)	18 (38)	59 (89)
Psychological investigation	32 (81)	23 (56)	55 (137)
Backwardness	255 (88)	139 (53)	394 (141)
Potential suitability for Special Schools	91 (242)	37 (97)	128 (339)
Behaviour Problem	197 (163)	45 (81)	242 (244)
Emotional problem	42 (19)	8 (11)	50 (30)
Pilfering	23 (4)	12 (3)	35 (7)
Speech defect	17 (3)	7 (1)	24 (4)
Hearing defect	3 (1)	2 (2)	5 (3)
Reading and spelling difficulty	60 (4)	23 (2)	83 (6)
Totals	1,450(1,245)	565 (494)	2,015(1,739)

Last year's figures are shown in brackets.

The most frequent reason for referral was for assessment and re-assessment, followed by suspected backwardness and behaviour problems. As on previous returns the incidence of boys referred predominated. The other categories were not unlike other years but in most cases the trends were upwards. It must be made clear that many children fell into several categories and it was sometimes difficult to determine the single most pertinent category.

TABLE 19
AGE DISTRIBUTION OF REFERRED CASES

	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	Adult	TOTAL
Boys	3	11	31	98	121	253	264	179	158	125	61	42	37	19	21	8	19	1,450
Girls	1	21	29	31	40	171	68	61	28	29	22	18	12	11	6	3	14	565
Total	4	32	60	129	161	424	332	240	186	154	83	60	49	30	27	11	33	2,015

The seven to twelve year old group was most liberally represented among the referred cases and the highest incidence of referrals of both sexes taken together comes from the 8 year old group.

Intelligence Range of Referred Cases.

Most children had I.Q.'s of 84-114 and came therefore within approximately a standard deviation of 15 points on either side of the mean of 100.

Possible Areas of Development.

It is anticipated that during the coming year more preventive work will be done by the service in such specific areas as academic underachievement, potential drug addiction and Child and Family problems arising during pre-school years."

County Dental Service.

Report of the Chief Dental Officer and Principal School Dental Officer—Mr. C. C. Chadwick.

Dental Staff.

The equivalent number of whole-time Dental Officers employed by the County continued to increase over the previous year from 38.1 in 1968 to 40.66 in 1969.

The whole-time equivalent of Dental Auxiliaries also increased from 9.17 in 1968 to 9.39 in 1969, and, as last year, ten Medical Anaesthetists were employed during 1969 to complete a whole-time equivalent of 1.5.

Clinic Premises.

One new two-surgery Clinic was opened at Rowner, Gosport.

Two new mobile dental trailers were delivered and put into service bringing the fleet total to 20. One of these new trailers was used to replace mobile dental trailer No. 1 which has been in continuous service since 1932.

Dental Inspection and Treatment—School Children.

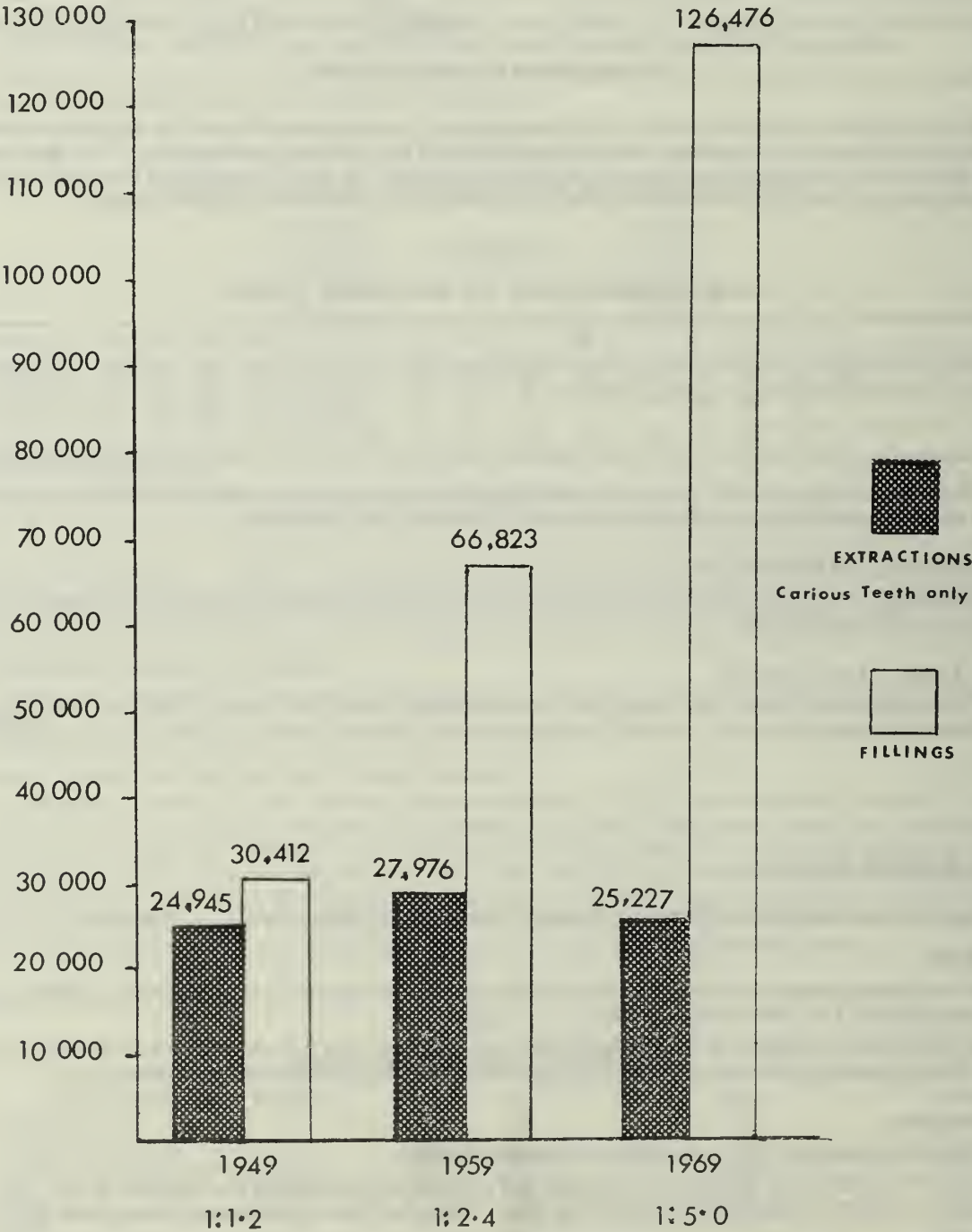
Routine school inspections over the County as a whole continue to decline, but last year's trend of more children seeking regular dental inspections at the Clinics, rather than awaiting the school visit, has continued and they numbered 4,242 as opposed to 1,897 in 1968.

The rate of consent appears to be levelling off at the high figure of 64.1%. This consent rate is exceptionally high and reflects great credit on the Service. Routine school inspections show that nearly all children now receive some regular treatment either from the General Dental Service or through the Local Authority Dental Service.

Orthodontic treatment figures continue to increase and reflect the greater awareness of the community of this form of treatment. The number of attendances increased by 1,707 over the 1968 total and 175 more removable appliances were fitted.

Along with other Authorities and the General Dental Service our Service is a service of conservation rather than extraction. The improved ratio between extractions of carious teeth and fillings carried out by the County Dental Service over a twenty-year period is illustrated in the following histogram:

HISTOGRAM ILLUSTRATING THE IMPROVING RATIO BETWEEN EXTRACTIONS AND FILLINGS OVER A TWENTY YEAR PERIOD



Allocation of Staff Time.

The allocation of Staff Time between Schools and Health remained almost identical to that of 1968. Pre-school children, expectant and nursing mothers and mental health patients taking up just over one session each week.

The increase in the number of expectant and nursing mothers treated rose from 330 in 1968 to 360 in 1969. The great majority of the Health work is with pre-school children, and I anticipate an increasing demand, because one of the messages in the Dental Health programme is slowly but surely getting through, that is to seek early treatment from the age of three.

A comparison from 10 years ago, once again, serves to illustrate the change in allocation of staff time:

	<i>Education</i>	<i>Health</i>
1959	96.2%	3.8%
1969	89.6%	10.4%

Mental Health Patients.

Every Training Centre was visited for treatment each term and the number of sessions allocated to inspections increased from 52 to 60. This group is the only one to reveal a fall in the amount of treatment necessary, due to the regular and special dental care given over the last three years to the mentally handicapped.

Dental Health Education.

The Dental Health Education programme continues to be highly satisfactory as the following table summarising the work carried out in this field reveals:

TABLE 20
DENTAL HEALTH EDUCATION

	<i>No. of first visits</i>		<i>No. of subsequent visits</i>		<i>No. of talks given</i>	
	1969	1968	1969	1968	1969	1968
Schools	349	342	21	55	770	900
Training Centres	18	8	1	5	21	17
Parent-Teacher Associations ..	17	7	—	—	17	7
Ante-Natal Classes	70	29	65	95	146	123
Child Health Clinics	12	6	2	1	30	12
Young Wives etc.	18	17	1	1	19	18
	484	409	90	157	1,003	1,077

The milestone in the field of dental health 1968 of giving over 1,000 talks was maintained in 1969. The slight fall in number of talks given, although more schools were visited, is because dental health lecturers are being requested to give their talks to the whole school rather than to separate classes, or smaller groups.

Once again, therefore, the Dental Auxiliaries, the Dental Health Lecturer and those Dental Surgery Assistants who have been specially trained in dental health lecturing are to be congratulated, although no complacency must be allowed until every school in the County is covered. Several schools both Primary and Secondary have held small Dental Health Exhibitions which have proved a great success.

Dental Auxiliaries.

As in the 1968 Report, separate details of the work carried out by Dental Auxiliaries have been included in the Tables on Dental Treatment. It will be seen that their value, particularly in the field of the pre-school children where 55% of the fillings were performed by this class of dental worker is indeed considerable.

Finally, on behalf of the County Dental Staff, I should like to thank the Teaching Staff of the Authority for their co-operation and help in the work of the County Dental Service and also the members of the Headquarters Staff for their help during the year which, as always, has greatly contributed to the efficiency of the Dental Service in the County.

TABLE 21
PRIORITY DENTAL SERVICES

A. Dental Inspection—Pre-School Children, Expectant and Nursing Mothers, Mental Health.

	<i>First examination during year</i>				<i>Second and subsequent examinations during year</i>			
	<i>No. Inspected</i>	<i>No. Found to Require Treatment</i>	<i>No. Offered Treatment</i>	<i>No. Consenting for Treatment</i>	<i>No. Inspected</i>	<i>No. Found to Require Treatment</i>	<i>No. Offered Treatment</i>	<i>No. Consenting for Treatment</i>
Pre-School	7,383	4,427	4,357	4,304	972	685	679	676
Mothers	370	348	347	340	19	19	19	19
Mental Health	1,221	854	817	707	438	312	275	243

TABLE 22

B. Dental Treatment—Pre-School Children, Expectant and Nursing Mothers, Mental Health.

	<i>Pre-School</i>	<i>Mothers</i>	<i>Mental Health</i>
1. Attendances including emergencies	11,596 (5,039)*	1,066	1,230 (22)*
2. Emergencies	495 (140)	63	15 (—)
3. Number actually treated	4,978 (1,753)	360	560 (9)
4. Additional courses of treatment commenced	721 (420)	28	186 (—)
5. Fillings Permanent Teeth	—	578	465 (—)
Deciduous Teeth	9,957 (5,440)	—	155 (—)
6. Extractions Permanent Teeth	—	288	108 (—)
Deciduous Teeth	2,110 (59)	—	109 (—)
7. General Anaesthetic administered by			
Medical Anaesthetist	729 (—)	29	30 (—)
Dental Officer	80 (—)	2	1 (—)
8. Number of Patients X-rayed	36 (3)	65	28 (—)
9. Prophylaxis	2,770 (1,879)	230	526 (22)
10. Gum Treatment	23 (16)	47	126 (—)
11. Teeth otherwise conserved	1,762 (225)	51	100 (—)
12. Other operations Permanent Teeth	— (—)	194	16 (—)
Deciduous Teeth	2,163 (1,025)	—	— (—)
13. Teeth root filled	9 (—)	2	— (—)
14. Inlays and crowns	3 (—)	4	2 (—)
15. Number of dentures fitted	— (—)	53	17 (—)
16. Courses of treatment completed	4,588 (1,813)	244	608 (21)

* The figures in brackets, which are included in the main totals, represent the work carried out by the Dental Auxiliaries.

TABLE 23

DENTAL INSPECTIONS—SCHOOL CHILDREN, INCLUDING SPECIAL SCHOOLS

	<i>First examination during year</i>				<i>Second and subsequent examinations during year</i>			
	<i>No. inspected</i>	<i>No. found to require treatment</i>	<i>No. offered treatment</i>	<i>No. consenting for treatment</i>	<i>No. inspected</i>	<i>No. found to require treatment</i>	<i>No. offered treatment</i>	<i>No. consenting for treatment</i>
No. inspected at school	83,173	59,169	57,203	29,392	8,223	5,640	5,436	3,372
No. inspected at clinic	17,286	15,617	15,548	15,451	5,735	5,062	5,051	5,050
Total Inspected at school and clinic	100,459	74,786	72,751	44,843	13,958	10,702	10,487	8,422

TABLE 24

ALLOCATION OF SESSIONS**CLINIC TREATMENT**

Schools and Special Schools ..	17,782
Pre-School	1,660
Expectant and Nursing Mothers	153
Mental Health	175
Total Clinic Treatment ..	19,770*

INSPECTION

Schools and Special Schools ..	798
Child Health Clinics	122
Mental Health	60
Total Inspections ..	980

DENTAL HEALTH EDUCATION

Dental Officer, Dental Auxiliaries and Dental Hygienist	386†
Dental Health Lecturers	378
Total Dental Health Education ..	764

*This total includes 232.9 evening sessions and 125 Dental Officer Anaesthetist sessions.

†This total includes 17 evening sessions.

TABLE 25

DENTAL TREATMENT—SCHOOL CHILDREN, INCLUDING SPECIAL SCHOOLS

	1969				1968 Total
	Age 5—9	Age 10—14	Age 15 +	Total	
1. Attendances for treatment including "Emergency" and "Orthodontic"	64,244(10,478)*	51,247(2,952)*	8,548(529)*	124,039(13,959)*	117,591(12,856)*
2. Emergencies	2,222 (272)	1,052 (48)	149 (3)	3,423 (323)	3,369 (263)
3. Number actually treated	26,623 (3,023)	17,752 (805)	3,090(158)	47,465 (3,986)	46,679 (3,621)
4. Additional courses of treatment commenced	3,683 (894)	2,421 (150)	385 (10)	6,489 (1,054)	5,704 (263)
5. Fillings—Permanent Teeth	22,257 (4,591)	39,513(3,281)	8,807(610)	70,577 (8,482)	69,423 (7,551)
Deciduous Teeth	40,968 (8,992)	3,682 (203)	94 (24)	44,744 (9,219)	43,897 (8,040)
6. Teeth Filled—Permanent Teeth	19,580 (3,939)	35,845(2,966)	8,099(570)	63,524 (7,475)	61,571 (6,415)
Deciduous Teeth	37,113 (7,755)	3,462 (190)	85 (2)	40,660 (7,947)	40,052 (7,203)
7. Extractions—Cariou—Permanent Teeth	689 (—)	1,920 (—)	377 (—)	2,986 (—)	2,909 (—)
Deciduous Teeth	15,390 (488)	4,152 (126)	84 (3)	19,626 (617)	18,114 (330)
8. Extractions—Orthodontic—Permanent Teeth	244 (—)	2,642 (—)	106 (—)	2,992 (—)	2,662 (—)
Deciduous Teeth	1,626 (87)	1,059 (11)	31 (—)	2,716 (98)	2,724 (76)
9. Number of General Anaesthetics—By Medical Anaesthetists	4,525 (—)	1,920 (—)	119 (—)	6,564 (—)	6,341 (—)
By Dental Officers	1,095 (—)	330 (—)	7 (—)	1,432 (—)	1,275 (—)
10. Patients X-rayed	1,094 (67)	2,196 (75)	577 (15)	3,867 (157)	2,981 (121)
11. Prophylaxis	10,540 (3,292)	10,248 (966)	2,210(192)	22,998 (4,450)	18,611 (3,899)
12. Gum Treatment	849 (55)	989 (13)	201 (—)	2,039 (68)	1,698 (58)
13. Teeth otherwise conserved	10,386 (488)	1,916 (51)	114 (1)	12,416 (540)	12,393 (483)
14. Other Operations—Permanent Teeth	1,439 (276)	4,187 (780)	1,027(112)	6,653 (1,168)	6,060 (429)
Deciduous Teeth	7,239 (1,897)	876 (107)	9 (—)	8,124 (2,004)	8,138 (1,914)
15. Teeth root filled	231 (—)	122 (—)	30 (—)	383 (—)	326 (—)
16. Inlays	— (—)	8 (—)	4 (—)	12 (—)	18 (—)
17. Crowns	57 (—)	124 (—)	39 (—)	220 (—)	174 (—)
18. Number of dentures fitted	16 (—)	55 (—)	28 (—)	99 (—)	128 (—)
19. All courses of treatment completed	27,327 (3,403)	17,534 (850)	3,132(138)	47,993 (4,391)	45,914 (3,422)
	1969	1968			
20. Orthodontics:					
(a) Cases remaining from previous year	1,376	1,418			
(b) New cases commenced during year	1,861	1,552			
(c) Cases completed during year	1,253	1,226			
(d) Cases discontinued during year	296	235			
(e) Number of removable appliances fitted	972	797			
(f) Number of fixed appliances fitted	2	3			
(g) Cases referred to Hospital Consultant	507	436			
(h) Attendances for orthodontics	17,702	15,995			

*The figures in brackets, which are included in the main totals, represent the work carried out by the Dental Auxiliaries.

Health Education in Schools.

(see also Miss Pitcairn-Jones' report on P. 8.)

In my introduction to my report as County Medical Officer I have emphasised the importance of Health Education, and this applies with even greater force when one is discussing health services for children. Effective Health Education depends upon changing first people's attitudes, and secondly their way of life, and this is far more effectively done in childhood than at any later time. Our Health Education work in the schools requires and receives close co-operation with the County Education Officer's staff, as well as with the teachers in the schools. In particular I value our close working with Mr. G. Benfield, the County Education Officer's Adviser in Religious Education. In those important fields of Health Education which merge into a consideration of personal and social responsibility a team approach is needed. In the School Health Service we do not have the same problem of achieving an assembled audience, which occupies a good deal of our effort in relation to the adult public: but there still remains the challenging task of ensuring that our "captive audience" does not escape us by turning a closed ear and eye. All the time, in co-operation with the teachers, we are attempting to evolve methods and techniques and aids which will arouse and hold the attention and interest of the children. Involvement of the children in discussion is unquestionably the best of these, and small-group discussion is now extensively employed. It does, however, call for a considerable reorganisation of school work, and it is gratifying to find how many Head Teachers are prepared to go to considerable trouble to attain the ideal conditions for this form of education. Perhaps one of the most burning and most discussed problems is the right age at which to present each and every facet of health education to the child. The essential problem, of course, is that Health Education, like other education, needs to be geared not to the chronological age but to the maturity of the individual child as well as to such factors as his attainment and his previous sources of knowledge. It is a continuing and interesting challenge. I would draw particular attention to the subject list in Miss Pitcairn-Jones' report on page 8 as well as in the syllabuses given below. Reading the popular press, or watching or listening to the broadcasting services, one might well suppose that our sole concern is with sex education, with perhaps an occasional overflow into such things as smoking and drugs. These things are important but the total field is very much wider than that.

During this year the main feature has been the increasing use of the discussion method of education rather than the formal lecture by a greater number of Doctors and Nurses. The tendency has been for the School Health Staff, sometimes supported by one of the Health Education Officers, to present the chosen topic using a film or colour slides, charts or posters and then to discuss this either in small groups or as a question and answer session. Project work is often done by the class with the teachers after these visits and we find the presence of the teachers in no way inhibits the free flow of questions, and the teachers appreciate the value of the work by these follow up sessions. The report from the Head of a Junior School on one programme organised through the School Health Visitor is given below:

“When I took over the Headship of a large Primary School about 18 months ago, one of my first callers was the Local Health Visitor who asked if I was interested in Health Education, and if so, could she come and talk to the children?

Luckily I had just come from a school which had been dealing with this topic for the past three years so I was not too taken aback. After a lengthy discussion, carried on over several meetings, the Health Visitor and I agreed on a programme and a policy for Health Education in my school.

We found agreement in most aspects of the subject. The Health Visitor had some intelligent ideas, which at the moment were all theoretical, whilst I had the assistance of my own previous experience. The programme was to be based on Our Body and would consist of nine talks: How to Catch a Cold, Sleep and Rest, Birth of a Drug, Food and Teeth, Internal Organs, Growing Up, Ears and Eyes, Feet, and lastly, Smoking.

The 4th year children only were to take part, the Health Visitor would come to school on the 3rd Monday of every month for one hour. Each session would consist of talk, film or filmstrip, questions and answers, discussion and whatever aids were available in the form of posters, models etc.

We had three pieces of luck.

The first was the help of the village chemist, who was also one of our parents, in supplying samples of medicines, pills etc., to look at and to touch. The second was the village butcher who was able to let us have various internal organs of animals which were put to good use e.g. a sheep's lungs were used in the smoking talk to show what happens when tobacco smoke is inhaled. Our third help was the Portsmouth Museums Service—the School Loans Section. Their Mr. Higgott supplied us with excellent models of stomach, lungs, heart, skeleton, eye, ear, digestive system and so on.

For the session on Growing Up we first invited the Parent/Teacher Association to see the film “Boy to Man” and explain that we intended to talk to the 4th year children about human reproduction. The parents discussed the matter with us at length, only a couple thought we may have trouble, the rest wished us good luck.

Came the day when the Health Visitor showed the film “Boy to Man”, to all the 4th year children and talked to them. They were interested—“Does a baby always arrive head first?”, “How do you get twins?” these were some of their questions. There appeared to be no embarrassment on their part. A week later, in the evening, the 4th year girls came to school with their Mothers to discuss Menstruation with the Health Visitor.

I should mention that the class teacher was present at every session, except, of course, the last mentioned one.

He was able to reinforce the Health Visitor's work during other lessons with good results.

Was it worth it? Most certainly.

Our success was due to four factors:

1. The Health Visitor was very enthusiastic.
2. Very careful and detailed planning.
3. Outside help.
4. Co-operation of parents and staff.

We are repeating the programme this year, with only minor alterations. I am sure that Health Education is a most important part of our work and its importance is growing daily; this is especially obvious among teenagers. Surely we, in the Primary Schools, have the children just at the right age to put over this subject?”

Suggested syllabuses for Junior and Senior School Health Education were discussed at the Health Education Committee and the Health Education Officers have prepared two for each group which have been circulated in the Bulletins to all staff. There is evidence that these are being found to be a useful base line for planning programmes in Schools.

More staff are now participating in regular Health Education in schools with the use of the syllabus. The Health Education staff are involved in most cases in the organisation of the talks and attend the first lecture but withdraw and hand over completely to the teaching school health team.

Many Health Education courses in Junior Schools have been attended by parents who have had the opportunity of discussing the course at a meeting arranged prior to the course. Comments from the parents have been a great help in organising future courses.

In a service of this sort there is always a problem in that the quality of the service given is uneven owing to the varying interest, enthusiasm and aptitude of the field staff engaged in it. The support given by the Health Education Section has steadily built up both the confidence and the competence of the staff and their ability to participate.

Indeed, the majority of school doctors and nurses, as well as nursing and other staff are employed in health education and several have submitted interesting accounts of their work in the schools.

Health Education Research Project

The Department of Education and Science are making out a survey of Health Education in Schools during the Autumn/Spring term of 1969–1970. This project is being carried out by Mr. Melanefy one of Her Majesty’s Inspectors who described this survey in the Health Education Bulletin:

“Her Majesty’s Inspectors of Schools in the course of their normal visits to schools in the County during the present school year, will be looking at the place and content of Health Education in the curriculum. It is possible that the General Inspector of the school will be present when you are visiting a school during one of your routine visits, or when you are giving a Health Education talk to pupils and he or she might wish to be present during your talk and to have some discussion with you. These will be very informal and brief discussions about the talks and they will be of value in helping H. M. Inspectors to form an impression of the contribution made to schools’ Health Education by visiting speakers. They will provide an opportunity for School Medical Officers and Health Visitors to express their views on this aspect of their work with the schools. In conducting the Survey, H. M. Inspectors are collaborating with the County Medical Department and it is hoped that it is going to be of great value to us and to the schools in considering future developments.”

This should be one further step forward in the planning and co-ordination of Health and Education and is the natural follow on from the Report of the Working Party of 1964. “A New Approach to Health Education in the Schools.”

A Suggested Syllabus for Junior Schools

SYLLABUS 1

- | | | |
|--|--|---|
| 1. Parent Teacher Meeting. Display of Material. | 5. Look after yourself.
Coloured slides of the whole programme. | Good Food
Teeth
Fresh Air and exercise
Anti Smoking
Reproduction
Sleep
Skin Care
Safety
Responsibility. |
| 2. The Body Systems.
Digestion and Dental Care. | | |
| 3. The Body Systems.
The Respiratory System. | | |
| 4. The Body Systems.
Growing Up. | | |

SYLLABUS 2

- | | |
|--|---|
| 1. Parent Teacher Meeting.
To discuss the Course and demonstrate Visual Aids. | 5a. The Pelvis—Reproduction—Talk Film. |
| 2. Head—Care of the hair, teeth, skin, sleep. | 5b. The Pelvis-Reproduction—Discussion. |
| 3. Chest—The Lungs, Heart, Smoking. | 6. Lower Limbs—Exercise—Care of the Feet. |
| 4. Abdomen—Food—Correct diet—Excretion of Waste. | 7. General Discussion. |
| | 8. Recap and evaluation. |

A Suggested Syllabus for Senior Schools.

SYLLABUS 1

- | | |
|---|---|
| 1. Introduction. Man and His Environment. | Suggested Films. |
| 2. Nutrition. Balanced Diet. Food. Hygiene. | The Smoking Machine.
Film made for younger age group, but many discussion points. |
| 3. Clean Air. Public and individual responsibilities.
Smoking. Lung Cancer. Bronchitis. Heart Disease. | What to Eat.
Colour. Good Commentary. |
| 4. Family Relationship.
Sex Education.
(a) Reproductive system.
(b) Responsibilities.
(c) Mental attitudes. | Boy to Man. Girl to Woman.
Simple Reproduction. Changes in young people growing up. |
| 5. Venereal Disease.
The Drug Problem. Alcoholism. | ¼ Million Teenagers.
Venereal Disease in young people. |
| 6. Responsibilities to the Community.
Discussion. | Drugs and the Nervous System.
The dangers of abuse of drugs. |

SYLLABUS 2

1. Preventive Medicine	Charts The Local Authority Health Service Hand outs of these.	6. The Behavioural Diseases	Anti-Smoking Posters Home Safety Leaflets Books
2. Nutrition and Food Hygiene	Posters. Food Values Wall charts. Looking ahead Nutrition (Heinz) Flannelgraph	7. Accident Prevention	} First Aid Cabinet Flare Free Material Posters Books
3. The Special Senses	Supporting Material Books: Man and His Body, Mullen and Goode.	Simple First Aid	
4. The Infectious Diseases	Measles Poster	8. Personal Relationships	Inter-acting groups Multi-choice Flannel- graph Leisure Pursuits
5. Personal Hygiene	Posters Leaflets Foot care demonstration Socks—Hygiene etc. Multi-choice Flannelgraph	9. The Family Circle— Home Making	Posters on Old People People and other age groups Young and Old.

TABLE 26

HEALTH EDUCATION (OTHER THAN DENTAL) UNDERTAKEN BY SCHOOL HEALTH SERVICE STAFF. (NUMBER OF SESSIONS).

	Primary Schools	Secondary Schools
Sex Education	45 (not V.D.)	52 (includes V.D.)
Hygiene	28	21
Drugs (including smoking)	34	58
Accident Prevention	28	25
Nutrition	27	26
First Aid	3	13
Home Nursing Mothercraft	2	120
General Health	29	25
Care of the Feet	13	14
	168	354 (Total 522)

Handicapped Pupils

TABLE 27
HANDICAPPED PUPILS—1969

Category	Ascertainment		*Special Schools					Number receiving special educational treatment in ordinary school
	New cases ascertained during 1969	Number on register at 31.12.69	Number recmd. for admission during the year	†Number admitted during the year	‡Number discharged during the year	Number attending at the end of the year	Number awaiting placement at the end of the year	
Blind	—	15	—	4	4	11	2	—
Partially sighted	2	39	6	6	1	23	7	12
Deaf	3	41	3	4	1	41	—	—
Partially hearing	6	141	9	9	4	41	1	99
Delicate	29	218	31	35	38	74	1	107
Physically handicapped	38	253	31	25	13	84	10	57
Educationally sub-normal	128	936	111	113	105	460	221	432
Maladjusted	89	203	53	44	32	118	31	5
Epileptic	2	15	2	1	3	13	1	2
Speech defective	7	18	7	5	2	17	5	6
	304	†1,879	253	246	203	882	279	720

*Includes boarding houses and hostels: excludes Hospital School and Spastic Units.

†Or transferred to Hampshire.

‡Includes children who reached the age of 16, even though they remained at special school.

†1.20% of the school population.

Once again, the main feature is an increase in the number of maladjusted children ascertained as handicapped pupils, reflecting perhaps under-ascertainment in the past and an increasing recognition that these are pupils who can benefit from special educational help. In fact the children whose handicaps are of a purely physical nature are a small minority. It may be said that medical knowledge has reached a stage where the majority of physical handicap in children is preventable, but we have yet much to discover about the prevention or cure of mental disabilities.

TABLE 28
DELICATE PUPILS—DIAGNOSIS

Diagnosis	New Cases	Total on Register
Asthma	15	115
Bronchitis	2	6
Congenital heart disease	—	8
Cystic fibrosis	3	5
Diabetes	1	5
General debility	4	25
Haemophilia	—	1
Hydrocephalus	—	2
Nephritis	—	5
Upper respiratory tract infection	—	2
Obesity	2	2
Rheumatism	1	1
Stills disease	1	1
Other conditions (previously classified)	—	40
Total ..	29	218

Three children with diabetes were sent on holidays organised by the Diabetic Association.

The list of conditions leading to pupils being ascertained as “delicate” differs very little from that presented in recent previous years. Again there is a preponderance of children with asthma. Apart from these, there is no large grouping of children with any clearly specified condition. In both Table 28 and Table 29 the “other conditions” are all individually different. As mentioned in previous reports, all these “delicate” pupils attend open-air school on a term-by-term basis.

TABLE 29
PHYSICALLY HANDICAPPED PUPILS—DIAGNOSIS

Diagnosis	New Cases	Total on Register
Cerebral Palsy	14	99
Meningomyelocoele (including Hydrocephalus) ..	14	39
Anchondroplasia	—	2
Congenital heart disease	1	1
Congenital malformations (other)	2	33
Myopathy	4	17
Dyslexia	1	1
Cerebral tumour	—	1
Disseminated lupus erythematosus	—	1
Paralysis due to injury	1	6
Poliomyelitis	1	10
Other conditions (previously classified)	—	43
Total ..	38	253

As usual cerebral palsy heads the list of a diagnosis of physically handicapped pupils, with meningomyelocoele (spina bifida) now firmly established in second place. These children present a growing educational problem, which was discussed in my last year’s report. It is perhaps of interest that only 2 of the 38 new cases, and 18 of the 253 total cases, on the register of physically handicapped pupils, arise from causes which on present knowledge are preventable. The inclusion of a case of dyslexia among the physically handicapped pupils perhaps calls for comment. This condition of specific reading disability is not uncommon, though there is a lack of agreement as to its definition, and as to whether, or in which cases, it is to be regarded as a specific disability. Most such cases receive what help the educational psychologists or the teachers can give them in ordinary schools, but the boy in question, with a severe degree of the condition, needed to go to a special school. He is thus classifiable as a handicapped pupil and, on the assumption that the condition arises from some abnormality of brain development, he has been classified as physically handicapped.

TABLE 30
EDUCATION OF CEREBRAL PALSIED CHILDREN

Attending Special Schools	33
Attending Special Units—Cosham	24
Southampton (LEA)	5
Southampton (Spastic Society)	9
Odstock (LEA)	3
Poole (Spastic Society)	2
West Mead (LEA), Berks.	3
White Lodge (Spastic Society), Berks.	4
Awaiting residential Special Schools or Spastic Units	4
Attending ordinary schools	12
Total	99

TABLE 31
CHILDREN WITH MULTIPLE HANDICAPS
As at 31st December, 1969

(In Table 27 these children are included under their "major" handicap)

Double Defect Cases					Triple Defect Cases			
Major Handicap	Secondary Handicap	M	F	T	Combination of Defects	M	F	T
Partially sighted	Educationally sub-normal	1	1	2	Educationally sub-normal Epileptic Partially sighted	—	1	1
Deaf	Educationally sub-normal	—	1	1				
Partially Hearing	Educationally sub-normal	1	—	1				
	Physically handicapped	2	—	2				
Educationally sub-normal	Partially sighted	5	—	5				
	Partially hearing	1	—	1				
	Epileptic	3	1	4				
	Maladjusted	1	—	1				
Epileptic	Physically handicapped	6	3	9				
	Delicate	7	—	7				
	Educationally sub-normal	1	1	2				
	Educationally sub-normal	1	2	3				
Maladjusted	Epileptic	1	1	2				
	Educationally sub-normal	4	5	9				
Physically handicapped	Partially sighted	1	—	1				
Speech defective								
Total ..		35	15	50	Total ..	—	1	1
Total 1968		36	22	58	Total 1968	—	3	3

Special Schools for the Educationally Sub-normal.

(a) COMPTON DIAGNOSTIC UNIT.

During 1969, 19 children were discharged with recommendations for placement as follows:

For report to Local Health Authority as unsuitable for education at school	..	..	5
To attend residential special schools for educationally subnormal pupils	..	..	2
To attend day special school for educationally subnormal pupils	..	..	12
			<u>19</u>

(b) RESIDENTIAL SPECIAL SCHOOLS.

At the end of the year the number of children attending the Authority's Residential Special Schools (other than the Diagnostic Unit) was as follows:

Rosemary Portal	..	..	..	57
Lankhills..	..	..	..	111

(c) DAY SPECIAL SCHOOLS.

At the end of the year the number of children attending the Authority's Day Special Schools was as follows:

	Total No. Attending	Ascertained as Educationally Sub-normal
Norman Gate	74	29
Foxbury	87	39
Greencroft	69	34
Middle Park	101	44
Totals	<u>331</u>	<u>146</u>

EDUCATIONALLY SUB-NORMAL SCHOOL LEAVERS.

Seventy-two children were recommended for care or guidance after leaving school and information concerning them was passed to Mental Health Social Workers.

TABLE 32
HOSPITAL SCHOOLS

Hospital School	Type of case chiefly dealt with	Number of H.C.C. children attended during year
Bursledon Annexe to Southampton Children's Hospital	General long-stay	74
Lord Mayor Treloar Hospital, Alton	Orthopaedic; and general short-stay	418
Total ..		492

In addition to the children taught in these hospital schools, tuition was given to children in the following hospitals etc:

					<i>No. of Children</i>
Royal Hampshire County Hospital, Winchester	..	..	..	..	23
Cambridge Military Hospital, Aldershot	..	..	..	..	35
Capesthorpe Convalescent Home, Mudeford	..	..	..	..	12
Leigh House Psychiatric Unit, Chandlers Ford	..	..	..	..	17

Ninety-four handicapped pupils were receiving home tuition on about 19th January, 1970.

The tuition given to children at the Royal Hants. and Cambridge hospitals indicates an extension of this very valuable form of education. Loss of educational continuity has always been a very serious side-effect of illness in children necessitating hospital admission.

CHILDREN UNSUITABLE FOR SCHOOL IN 1969.

- (1) Education Act, 1944.
 - (a) Section 57—19 boys and 18 girls were reported as unsuitable for education at school.
 - (b) Section 57 (A) (2)—Report under Section 57 was cancelled in the case of one girl, who was then admitted to a residential special school.
- (2) "Unofficial" attendance at training centres for mentally subnormal children.
44 were admitted "unofficially", i.e. without formal report under Section 57 of the Education Act 1944.

Following an announcement in Parliament in the autumn of 1968, it was assumed throughout 1969 that there would shortly be legislation resulting in the transfer to the County Education Committee of responsibility for children in the Junior Training Centres at present provided by the County Health Committee under the Mental Health Act. The proposal to abolish the statutory exclusion of "unsuitable" children from the education system is to be welcomed; it has been an added cause of pain to parents already subject to the stress of caring for a mentally handicapped child. Nevertheless the distinction between the needs of children whose education is primarily social and those for whom it is academic is in practical terms a very real one, not to be clouded by the doubts that must arise over the borderline case; and the transfer of responsibility is not in itself likely to alter in any very fundamental way the type of provision to be made for these children. What was clearly necessary was that there should be very full consultation between the officers of the two departments in preparation for the changeover, and such consultation has been taking place on the assumption that the transfer would take place in September 1970; it now seems improbable that it will occur so soon, but the preparations made will be of great value.

Rest Home Scheme.

During 1969 one girl was sent for convalescence of two weeks following illness.

TABLE 33

INFECTIOUS DISEASES

(a) Notification of Infectious Disease in Children aged 5-14*

Scarlet Fever	..	..	..	104
Whooping Cough	..	..	..	17
Measles	..	..	..	1,013
Erysipelas	..	..	..	—
Pneumonia	..	..	..	—
Meningococcal Infection	..	..	..	10
Poliomyelitis	..	..	..	—
Encephalitis:				
Infective	..	..	..	—
Post-infective	..	..	..	2
†Tuberculosis:				
Pulmonary	..	..	..	8
Non-Pulmonary	..	..	..	—
Dysentery	..	..	..	74
Food Poisoning	..	..	..	20
Paratyphoid Fever	..	..	..	1
Tetanus	..	..	..	—
Infective Hepatitis	..	..	..	156

(b) Non-notifiable Infectious Diseases reported by Head Teachers

German Measles	..	..	..	744
Mumps	..	..	..	756
Chicken Pox	..	..	..	700

*Includes children attending Private Schools.

†Aged 5-19.

The year 1969 was a “measles year” on the basis that this disease occurs in biennial waves, the maximum incidence being in the spring of the “measles year”. In 1969 the number of cases (1,013) was far below the typical figure for epidemic years (in 1967 there were 5,974) and this augurs well for the success of measles immunisation, introduced in 1968. Unfortunately, as mentioned earlier in this report, there have been difficulties in maintaining the immunisation programme owing to shortage of suitable vaccine.

The small number of notifications of *whooping cough* is especially remarkable. The reduction in this disease following the introduction of immunisation has continued progressively for many years, but, even so the 1969 figure is quite exceptionally low.

Infective hepatitis (epidemic jaundice) became notifiable for the first time in October 1968, and the figure of 156 for 1969, the first full year, places it second among the infectious diseases of school children and probably it heads the list as a cause of lost educational time.

Sonne dysentery continues to be a fairly common condition in the community, and a proportion of school children are affected; but no outbreak was reported during the year of either dysentery or *food-poisoning* centred upon a school or mainly affecting school children.

TABLE 34
B.C.G. VACCINATION OF SCHOOL CHILDREN—1969

(a) Number offered vaccination	6,423
(b) Number tuberculin tested	5,654 = 81.7% of (a)
Positive results	767 = 13.5% of (b)
Negative results	4,517
Absent from reading	370
(c) Number vaccinated	4,371 = 68% of (a)

The results of the B.C.G. Vaccination Scheme during 1969 show a considerable reduction over the figures for previous years. This reduction is due to the B.C.G. Scheme having been suspended for the first half of the year to avoid any possible complications arising as a result of the Measles Vaccination Programme at that time. It was feared that children who received both Measles Vaccinations and B.C.G. Vaccinations within a short period might possibly suffer severe reactions.

TABLE 35
CHILDREN FOUND VERMINOUS WITH HEAD LICE

School Groups	Numbers on Registers	Total Inspections	Total found verminous for the first time during year (nits with or without lice)					
			Boys		Girls		Both Sexes	
			No.	%	No.	%	No.	%
Primary or Nursery School Children	97,376	16,295	110	0.23	160	0.33	270	0.28
Secondary School Children	59,445	2,467	11	0.04	13	0.04	24	0.04
All ages	156,821	18,762	121	0.15	173	0.22	294	0.19

NOTE.—These percentages are based on the assumption that there are equal numbers of both sexes on the Registers. Children were found verminous in 63 (12.07%) schools.

TABLE 36
DEATHS OF SCHOOL CHILDREN

Infectious diseases*	.. .. .	2
Malignant diseases (including leukaemia)	.. .. .	11
Heart and circulatory disease	.. .. .	4
Influenza	.. .. .	—
Pneumonia	.. .. .	6
Bronchitis	.. .. .	1
Other diseases of respiratory system	.. .. .	1
Nephritis and Nephrosis	.. .. .	1
Motor vehicle Accidents	.. .. .	9
All other accidents	.. .. .	15
Other conditions	.. .. .	12
		62
		—

*One case of meningitis and one of encephalitis.

School Meals and Milk.

The County Education Officer has provided the following information about the supply of meals and milk for pupils:

SCHOOL MEALS.

During the year, 424 departments were supplied with meals cooked on the premises and 83 with container meals from other Schools or Cooking Depots.

The daily number of meals provided for pupils in each of the last six years (as determined on a sample day in the Autumn Term of each year) was:

1964	84,658	1967	106,015
1965	91,100	1968	109,807
1966	98,930	1969	115,521

Of a total of 148,228 day pupils in School on a day in September, 1969, 77.9% took a school meal. Two Cooking Depots are operated, their outputs being:

Portchester	..	1,400
Romsey	..	680

SCHOOL MILK.

(a) Non-Maintained Schools.

The Authority ceased to provide milk for non-maintained Schools on 1st April, 1969.

(b) Maintained Schools.

All maintained Primary Schools were provided with pasteurised milk. The number of children receiving milk is shown in Table 37.

TABLE 37
NUMBER OF CHILDREN RECEIVING MILK IN SCHOOL

	No.	% *
Nursery	44	94.0%
Primary	83,854	91.4%
Secondary Special	111	100%
	84,009	91.4%

*Percentage of primary school children at school one day in Autumn Term.

TABLE 38
GENERAL STATISTICS

Number of school children on Registers of Maintained Schools—156,821 (September, 1969)

	Nursery Schools	Special Schools	Primary Schools	Secondary Schools				Totals
				Grammar	Modern	Bilateral	Comp.	
New School or Department premises opened	—	—	18	—	1	3	2	24
Permanent Closures	—	—	8	1	2	—	—	11
Number of schools at 31.12.69								
County	1	8	264	14	49	6	6	348
Voluntary	—	—	155	3	3	—	—	161
Total	1	8	419	17	52	6	6	509
Average number of children on school registers in school year 1968-69	36	622	98,006	13,081	40,459	2,225	637	155,366

Openings and closures are for calendar year 1969.

The number of children attending Maintained Schools has increased by approximately 7,800 in the past year, and 53,000 in the past ten years.

